Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 16-31**, **2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOI FEDERAL ASSIST		2. DATE SUBMITT	ED	Applicant Identifier	
FEDERAL ASSIST	ANCE	Jul	y 30, 2004	N/A	
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVE	D BY STATE	State Application Identifier SAI-EXEMPT	****
Construction	Construction		D BY FEDERAL AGENCY	Federal Identifier 06-1565	
Non-Construction 5. APPLICANT INFORMATIO	Non-Construct	ion		00-1000	
Legal Name;	/14		Organizational Unit:		
California - Departmen	t of Parks and Reci	reation		tment of Parks and Recre	ation
Address (give city, county, Sta	ite, and zip code):		Name and telephone	number of person to be contacted	d on matters invo
Post Office Box 942896		_	this application (give a	rea code)	
	Sacramento 067	1	Betty Ettinger		
-	94296-0001		(916) 651-8174	ANT: (enter appropriate letter in b	202)
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		7. THE OF APPLICA	ANT: (etilar appropriate isiler in L	A
			A. State	H. Independent School Dist.	لف
8. TYPE OF APPLICATION:			B. County). State Controlled Institution of	Higher Learning
	lew Continuati	on Revision	C. Municipal	J. Private University	
IEI N	Centilidad		D. Township	K. Indian Tribe	
If Revision, enter appropriate	letter(s) in box(05)		E. Interstate	L. Individual	
			F. Intermunicipal	M. Profit Organization	
, 4 11.0.0400 / 11.0.0		ncrease Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Oth	er(speclfy):		9. NAME OF FEDER	AL AGENCY:	
			Department of th		
				rvice - Western Region 14	143
10. CATALOG OF FEDERAL	. DOMESTIC ABSISTAN		11. DESCRIPTIVE II	TLE OF APPLICANT'S PROJEC	-1 :
		1 5 - 9 1	6 Holt Park Develo	pment	
⊤ı⊤ı ⊑. Outdoor Re	creation - Acquisition		City of Holtville		
		, Development & Planni	City of Holtville 121 W. 5th Street	et	
12. AREAS AFFECTED BY F		, Development & Planni	City of Holtville	et	
12. AREAS AFFECTED BY F		, Development & Planni	City of Holtville 121 W. 5th Street	et	
TITLE: Outdoor Re 12. AREAS AFFECTED BY P 06-34246 13. PROPOSED PROJECT	PROJECT (Cities, Counti	, Development & Planni	City of Holtville 121 W. 5th Street	et	and the second
12. AREAS AFFECTED BY P 06-34246 13. PROPOSED PROJECT	PROJECT (Cities, Counti	, Development & Plannii les, States, etc.):	City of Holtville 121 W. 5th Street	et	
12. AREAS AFFECTED BY F 06-34246 13. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSION a. Applicant	, Development & Plannii les, States, etc.):	City of Holtville 121 W. 5th Stree Holtville, CA 92:	et	
12. AREAS AFFECTED BY F 06-34246 13. PROPOSED PROJECT Start Date Ending Date 11/1/04 6/30/08	14. CONGRESSION a. Applicant	n, Development & Plannin les, States, etc.):	City of Holtville 121 W. 5th Stree Holtville, CA 92:	et 250	ATE EXECUTIVE
12. AREAS AFFECTED BY F 06-34246 13. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSION a. Applicant	n, Development & Plannin les, States, etc.):	City of Holtville 121 W. 5th Stree Holtville, CA 923	250 37 SUBJECT TO REVIEW BY STA	ATE EXECUTIVE
12. AREAS AFFECTED BY F 06-34246 13. PROPOSED PROJECT Start Date Ending Date 11/1/04 6/30/08	14. CONGRESSION a. Applicant	n, Development & Planninies, States, etc.): NAL DISTRICTS OF:	D. Project	37 SUBJECT TO REVIEW BY STA	
12. AREAS AFFECTED BY F 06-34246 13. PROPOSED PROJECT Start Date Ending Date 11/1/04 6/30/08 15. ESTIMATED FUNDING:	14. CONGRESSION a. Applicant	n, Development & Plannin les, States, etc.):	D. Project 16. IS APPLICATION ORDER 12372 PI	37 SUBJECT TO REVIEW BY STA	/AS MADE
12. AREAS AFFECTED BY F 06-34246 13. PROPOSED PROJECT Start Date Ending Date 11/1/04 6/30/08 15. ESTIMATED FUNDING:	14. CONGRESSION a. Applicant	n, Development & Planning les, States, etc.): NAL DISTRICTS OF: 03	D. Project 16. IS APPLICATION ORDER 12372 PI	37 SUBJECT TO REVIEW BY STA ROCESS? APPLICATION/APPLICATION WE TO THE STATE EXECUTIVE	/AS MADE
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12. AREAS AFFECTED BY F 06-34246 13. PROPOSED PROJECT Start Date Ending Date 11/1/04 6/30/08 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	S S S S S S S S S S S S S S S S S S S	140,390 140,390 140,390 00 280,780 EF, ALL DATA IN THIS AF	D. Project D. Project D. Project	37 SUBJECT TO REVIEW BY STA ROCESS? APPLICATION/APPLICATION WE TO THE STATE EXECUTIVE OF TH	VAS MADE ORDER 12372 12372 TED BY STATE DERAL DEST? No
12. AREAS AFFECTED BY F 06-34246 13. PROPOSED PROJECT Start Date	\$ \$ \$ SOUND STATE OF THE STATE	140,390 140,390 140,390 140,390 140,390 66 67 280,780 EF, ALL DATA IN THIS APTHE GOVERNING BODY O	D. Project D. Project D. Project	37 SUBJECT TO REVIEW BY STA ROCESS? APPLICATION/APPLICATION WE TO THE STATE EXECUTIVE OF TH	VAS MADE ORDER 12372 12372 TED BY STATE DERAL DEST? No
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JUL 3 0 2004 STATE CLEARING HOUSE

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR		•		ОМЕ	3 Approval No 0348-004
		2. DATE SUBMITTED		Applicant Identifier	
FEDERAL ASSISTAL	NCE	1 .	0, 2004	N/A	
		July 5	70, 2004		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identifier SAI-EXEMPT	
Application.	Preapplication	· ·		SAI-EXEMPT	
Construction	Construction	4. DATE RECEIVED	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction		•	06-01564	
5. APPLICANT INFORMATION			***		
Legal Name:			Organizational Unit:		
California - Department o	f Parks and Recreation	on		tment of Parks and Re	creation
				number of person to be conte	A. A
Address (give city, county, State,	and zip code);		'	• •	acted ou marrets involvir
Post Office Box 942896			this application (give a Betty Ettinger	rea code)	
	cramento 067		1 '		
	296-0001		(916) 651-8174		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN);		7. TYPE OF APPLICA	ANT: (enter appropriate letter	· in box)
					A
			A. State	H. Independent School Dist	<u> </u>
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution	n of Higher Learning
171	C Constitution	Revision	C. Municipal	J. Private University	
✓ New	Continuation	TI KANBIOII	D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	er(e) in her(ue)	7 [-1	E. Interstate	L. Individual	
in realision, enter appropriate lett	01(0) 111 202(135)		F. Intermunicipal	M. Profit Organization	
A (manage A), waste	rease Award C. Increas	se Duration	G. Special District	N. Other (Specify)	
		59 Duradon	G. Special District	14. Outer (opecity)	
D. Decrease Duration Other(specify):		9. NAME OF FEDERA	AL ACENCY.	
			Department of th		4440
			National Park Se	rvice - Western Region	1 1443
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PRO	JECT:
IV. CATALOG OF TEDERAL B	OMEOTIC ACCIONATION		7		
		1 5 - 9 1 6	A.J. Padelford P	ark Acquisition	
TITLE, Outdoor Recre	eation - Acquisition, Dev	elopment & Planning	City of Artesia		
			18747 Clarkdale Avenue		
12. AREAS AFFECTED BY PRO	JJECT (Cities), Counties, Si	Bies, etc.);	Artesia, CA 90701		
06-02896					
13. PROPOSED PROJECT	14. CONGF:ESSIONAL D	ISTRICTS OF:		e.	
Start Date Ending Date	a. Applicant		b. Project		
11/1/04 6/30/08	0	3		39	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE
13. EGITHENTED I GITCH	•		ORDER 12372 P		
	T +	ωv	- ORDER 1231211	COCEDO	
a. Federal	\$	355,215	THE POP	APPLICATION/APPLICATIO	NI MAR MADE
		100 / 100	<u> </u>		
b. Applicant	\$	355,215 ^{""}	· 1	E TO THE STATE EXECUTI	VE ORDER 17,372
			PROCESS	FOR REVIEW ON:	
c. State	\$.00		07/30/04	
			DATE	· VIIVIVT	
d, Local	\$,00			
			b. No. PROGR	AM IS NOT COVERED BY E	. O. 12372
e. Other	\$.00		GRAM HAS NOT BEEN SEL	
	-	-	FOR RE		
F December 1	r .	00	-		
f, Program Income	\$	•	47 10 TUE ANDLINA	NT DELINQUENT ON ANY	CENEDAL NEBYS
		00	- IV. IS ING APPLICA	HI DELINGUENI UN ANT	- CDCIVAL DEDI(
g. TOTAL	\$	710 430	Yes if "Yes,"	attach an explanation.	☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

710,430

a. Type Name of Authorized Representative Ruth Coleman

b. Title Acting Director. Parks and Recreation (916) 653-7423

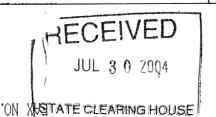
c. Telephone Number

d. Signature of Authorized Representative

e. Date Signed

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

FEDERAL ASSISTA	ERAL ASSISTANCE 2. DATE SUBMITTED July 30, 2004), 2004	Applicant Identifier N/A	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Non-Construction	Non-Construction			06-01563	
5. APPLICANT INFORMATION			(0		
Legal Name: California - Department o	of Parks and Recreation	on	Organizational Unit: California Depar	tment of Parks and Recreation	
Address (give city, county, State,	, and zip code):		1	number of person to be contacted on matters involving	
	acramento 067		this application (give a Betty Ettinger	rea coda)	
	1296-0001		(916) 651-8174	ANT: (enter appropriate letter in box)	
6. EMPLOYER IDENTIFICATION	TOMBER (EIN):		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I, State Controlled Institution of Higher Learning	
New	Continuation	Revision	C. Municipal	J. Private University	
		-	D. Township	K. Indian Tribe L. Individual	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate F. Intermunicipal	M, Profit Organization	
A. Increase Award B. Dec	rease Award C. Increas	se Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(specify):				
			9. NAME OF FEDERA Department of the		
				rvice - Western Region 1443	
10, CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:		TLE OF APPLICANT'S PROJECT:	
		15 - 9 1 6	Felicita Park Dev	relooment	
Outdoor Reco	eation - Acquisition, Dev		County of San Di		
12. AREAS AFFECTED BY PRO			Department of Parks and Recreation		
· ·	Control, Control, Co	didb, div.).	5201 Ruffin Road		
06-22804			San Diego, Califo	ornia 92123	
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
Start Date Ending Date	a. Applican:		b. Project		
11/1/04 6/30/08		3	da (o application	50	
15. ESTIMATED FUNDING:			ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal	\$	50.745°			
		50,745	- 1	APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$	50,745	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
c. State	\$,80		07/30/04	
d. Local	\$	Off	DATE		
		00	_	M IS NOT COVERED BY E. O. 12372	
e. Other	\$		FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE VIEW	
f. Program Income	\$,00	17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	101,490	Yes If "Yes,"	ettach an explanation.	
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, AI	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	TON ARE TRUE AND CORRECT, THE	
	AUTHORIZED BY THE G	OVERNING BODY OF TH		HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Rep		b. Title		c, Telephone Number	
Ruth Coleman d. Signature of Authorized Repres	- antahun	Acting Director, Pa	irks and Recreation	(916) 653-7423 e. Date Signed	
u, Signature of Authorized Repre-	odurania	man and the state of the state	CHARLES AND STREET STREET	- Court Signed	
Previous Edition Usable		RECI	EIVED	Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproduction	n ,	1		Prescribed by OMB Circular A-102	
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		/	The second		
		STATECIE	ARING HOUSE		
*		DIAIE ULE	AHING HOUSE L		

FAX NO,

Application for Federal Education Assistance (ED 424)



. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information	l.			Organizational Unit			
1. Name and Address Legal Name: New Horizo	ons Family Center						
Address: 714 South Glend	ale Avenue						
radioss. <u>114 Bouth Oleha</u>	are revenue						
Glendale			CA	Los Angeles	91205-2318		
City			State	County	ZIP Code + 4		
2. Applicant's D-U-N-S Num	nber <u>[813171813</u>	181813181	6. No	vice Applicant <u>XX</u>	<u>«</u> YesNo		
3. Applicant's T-I-N 9 5	- 14151413101	3181		he applicant delind "Yes," attach an e	quent on any Federal debt?Yes X: No		
4. Catalog of Federal Domest	ic Assistance #: 84	.1 <u> 8 4 B </u>	(1)	res, anach an e	гхрининон.)		
Title: New Horizons Famil	y Center Mentorin	g Program	8. Tyj	pe of Applicant (E	Enter appropriate letter in the box.) $ I $		
5. Project Director: Dr. Mari] (A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization			
Address: 714 South Gle	ndale Avenue	**************************************		E - Individual	J Private, Profit-Making Organization E G E W E		
<u>Glendale</u> City	<u>CA</u> State	91205-2318 Zip code + 4		K - Other (<i>Specify</i>): .			
Tel. #: (818) 545-9848		: (818) 545-9901					
E-Mail Address: mariaroc	hart@sbcglobal.ne	t					
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction	-Application Construction		8	any time during th	STATE CLEARING HOUSE stivities involving human subjects planned at e proposed project period? e proposed project period? a.) _XX No (Go to item 13.)		
10. Is application subject to rX_ Yes (Date made a	eview by Executiv	e Order 12372 process? ecutive Order 12372		exempt from	esearch activities proposed designated to be n the regulations? Exemption(s) #):		
, -				No (Provide A	Assurance #):		
No (If "No," check	m is not covered by		13. D	escriptive Title of	Applicant's Project:		
			A Me	ntoring program that	t will provide children at risk of academic failure with		
11. Proposed Project Dates:	10 / 1 / 2004 Start Date:	9 / 30 / 2007 End Date:	acade	mic assistance, recre	eation, tutoring, & positive interactions with caring adult		
Estimated Funding		Authorized Repres			in this preapplication/application are true		
14a. Federal \$	186,902. 00	and correct. The do	cument has	s been duly author	rized by the governing body of the applicant		
b. Applicant \$	<u>9,600</u> .00	and the applicant w	ill comply	with the attached	assurances if the assistance is awarded.		
c. State \$. 00	a. Authorized Representative (Please type or print name clearly.)					
d. Local \$. 00	Dr. Maria Rochart					
e. Other \$. 00	b. Title: Executive Director					
f. Program Income \$. 00	c. Tel. #: (818) <u>545 – 98</u>	348 Fax #	t: (818) <u>545 – 990</u>	1		
		d. E-Mail Address: mai	riarochart@	sbcglobal.net			
g. TOTAL \$	196,502. 00	e. Signature of Author	0 / n · C		7 1 04		

APPLICATION FOR

RCH #304

05-2004-070 rpprovol 7/22/04 Version 7/03

		2. DATE SUBMITTED 07/07/2004		Applicant Identifier		
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	State Application Identifier	
Application Construction	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:			
Southern California Presbyteriar	Homes		Department: Affordable Housing			
Organizational DUNS: 06-992-5345			Division: Corporate Office			
Address:				rson to be contacted on matters		
Street: 516 Burchett Street			involving this applic	First Name:	a code	
Citv:			Ms. Middle Name	Sally		
City: Glendale, County:			Last Name			
Los Angeles	Zip Code		Little Suffix:			
State: California	91203					
Country: United States of America			Email: sallylittle@scphs.com			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area code)	
95-1894293			(818) 247-0420	ANT. O	(818) 247-3871	
8. TYPE OF APPLICATION:				•	of form for Application Types)	
☐ New If Revision, enter appropriate lett	er(s) in box(es)	n 🔲 Revision	O - Not for profit orga	nization		
(See back of form for description	of letters.)		Other (specify)			
Other (specify)	_		9. NAME OF FEDER U.S. Department of H		an Development	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLI	CANT'S PROJECT:	
		14-157			housing community for low California, to be developed under	
TITLE (Name of Program): Section 202 Supportive Housing	for the Elderly Program		the Section 202 Supportive Housing for the elderly Capi			
12. AREAS AFFECTED BY PR		, States, etc.):	Advance.			
City of Fresno, County of Fresno	, California					
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	AL DISTRICTS	OF: b. Project	
7/01/05	7/01/06		27		19	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE	
a. Federal \$		7,600,000			I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		25,000 ·		S FOR REVIEV		
c. State \$. 00	DATE: 0	6/14/04		
d. Local \$. 00	b. No. I PROGRA	M IS NOT COV	ERED BY E. O. 12372	
e. Other \$. 00	OR PRO		T BEEN SELECTED BY STATE	
f. Program Income \$. 00	17. IS THE APPLICA		NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		00			□	
18. TO THE BEST OF MY KNO	MI FOCE AND BELLEE	7,625,000 ·	Yes If "Yes" attac	•		
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF 1	THE APPLICANT AND	THE APPLICA	ANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF 1 a. Authorized Representative	HE ASSISTANCE IS A	WARDED.				
Prefix Ms.	First Name Sally		Middle	Name		
Last Name Little			Suffix			
b. Title	ng /	$\overline{}$	c. Tele	phone Number 247-0420	(give area code)	
Vice President, Affordable Hous d. Signature of Authorized Repre	- · · · //	itelan Re	e. Date	- Si aned		
Previous Edition Usable	yacy al	COLOR E G	[] W [67/ 9 6]	/2004	Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	ı	111/			Prescribed by OMB Circular A-102	
		INN JUL	3 0 2004 L]		
			J V ZUU4	7		
		STATE CLE	ARING HOUS			

#304 05-2004-071 Approved 7/or Version 7/03 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 07/07/2004 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: Application Pre-application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction ☑ Construction Non-Construction
5. APPLICANT INFORMATION Non-Construction Organizational Unit: Legal Name: Department: Southern California Presbyterian Homes Affordable Housing Organizational DUNS: 06-992-5345 Division: Corporate Office Address Name and telephone number of person to be contacted on matters involving this application (give area code) Street: 516 Burchett Street First Name: Prefix: Ms. Sally Middle Name City: Glendale. Last Name Little County: Los Angeles Suffix: State: California Zip Code 91203 Country: United States of America sallylittle@scphs.com 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code) (818) 247-0420 (818) 247-3871 |9||5|**-**|1||8||9||4||2||9||3| 7. TYPE OF APPLICANT: (See back of form for Application Types) 8. TYPE OF APPLICATION: Continuation Revision ☐ New O - Not for profit organization If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) 9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development Other (specify) 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Construction of an 68-unit affordable housing community for low 1 4 - 1 5 7 income seniors in the city of Fresno, California, to be developed under TITLE (Name of Program): Section 202 Supportive Housing for the Elderly Program the Section 202 Supportive Housing for the elderly Capital Grant Advance. 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Clovis, County of Fresno, California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT **Ending Date:** a. Applicant b. Project Start Date: 7/01/06 h9 7/01/05 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? THIS PREAPPLICATION/APPLICATION WAS MADE a. Federal 8,400,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. Applicant 25 000 DATE: 06/14/2004 c. State PROGRAM IS NOT COVERED BY E. O. 12372 d. Local b. No. OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income g. TOTAL □ No Yes If "Yes" attach an explanation. 8,425,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative First Name Sally Middle Name Prefix Ms. Suffix Last Name Little Telephone Number (give area code) b. Title Vice President, Affordable Housing (8,18),247-0420 e. Date Signed 07/06/2004 d. Signature of Authorized Representative lb Standard Form 424 (Rev.9-2003) Previous Edition Usable

3 0

STATE CLEARING HOUSE

JUL

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Prescribed by OMB Circular A-102

APPLICATION FOR	ROM-CITY OF FIREBALICH	#30A #30A 2. DATE SUBMITTED	559-659-3412 -2004-069 A	T-05	58 P.003/003 F-744 7/22/04 Version 7/03
FEDERAL ASSISTANC 1. TYPE OF SUBMISSION:	<u> </u>	3. DATE RECEIVED B	YSTATE	State Application Identifier	
Application	Pre-application				
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Ident	ifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			<u> </u>	
Legal Name:			Organizational Unit:		
	Firebaugh			.ice/Fār	e Dept's
Organizational DUNS: 439228	75			ninistra	
Address: Street:	6 C \			ation (give are	erson to be contacted on matters as code)
15/5 11	fin Street		Prefix:	First Name:	Jose
City: Firebau	gh			ntanio	
County: Fresho			Last Name	RAMIREZ	
State: Ca	Zip Code 93622		Suffix:		
Country: USA			Email: citymanage:	aci fit	ebaugh.ca.us
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number are ar		Fax Number (givo area code)
94-6000333			(559) 659-2		(559) 659-3412
8. TYPE OF APPLICATION: XX New If Revision, enter appropriate lett		n Revision	7. TYPE OF APPLICA		k of form for Application Types)
(See back of form for description	of letters.)		Other (specify)		
Other (specify))	9. NAME OF FEDERA	L AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):		70-749	Purchase of vehicles for		ncy response e and fire
12. AREAS AFFECTED BY PR	D JECT (Cities, Counties, gh, City of	States, etc.);			
13. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS	
Start Date:	Ending Date:		a. Applicant 20th Dist	rict	b.Project 20th District
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROCE	SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$	30,126	, au	THIS PRE	APPLICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	ý	·uo		FOR REVIEW	
c. State \$		·	DATE:		
d. Local · S	170,000	.00	b. No. XX PROGRAM	IS NOT COV	ERED BY E. O. 12372
e. Other \$	30,000	· ou	C OR PROG		T BEEN SELECTED BY STATE
f. Program Income \$	Κ.	_ uu			NT ON ANY FEDERAL DEBT?
g. TOTAL S	230,126		Yes If "Yes" attach	an explanation.	. TO NO
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	LUTHORIZED BY THE G	OVERNING BODY OF	LICATION/PREAPPLIC THE APPLICANT AND T	ATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative	First Name		[A 41 J 41 - A		
MI	Jose	TROBIN		^{Name} Anton	io
Last Name RAMIRE	Z [Suffix		
b. Title City Ma		1	<u> </u>	haub NRuspar7	ShO sles code)
d. Signature of Authorized Repres	avistina	II JUL 3 V Z	e. Date 8	07	102104
Previous Edition Usable Authorized for Local Reproduction		TATE CLEARING	G HOUSE	•	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102
		ornic Octobrilla	THAT PIZE	ogrupm	First Respon

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Name and Address: Legal Name: MANA, A National Latina Organization	Organizational Unit
Washington City Applicant's D-U-N-S Number	HERMANITAS® PROGRAM
City Applicant's T-I-N 5 2 - 1 0 9 5 1 1 1 1 Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Bomestic Assistance #: 84. 1 8 4 B Catalog of Federal Bomestic Assistance #: 84. 1 8 4 B Catalog of Federal Bomestic Assistance #: 84. 1 8 4 B Catalog of Federal Bomestic Assistance #: 84. 1 8 4 B Catalog of Federal Bomestic Assistance #: 84. 1 8 4 B Catalog of Federal Bomestic Assistance #: 84. 1 8 4 B Catalog of Federal #: 10 9 1 2004 9 1 2004 Catalog of Federal Pomestic Assistance #: 84. 1 8 4 B Catalog of Federal Pomestic Assistance #: 84. 1 8 4 B Catalog of Federal Pomestic Assistance #: 84. 1 8 4 B Catalog of Federal Pomestic Assistance #: 84. 1 8 4 B Catalog of Federal Pomestic Assistance #: 84. 1 8 4 8 A - State B - Local Pomestic Assistance #: 84. 1 8 4 8 Catalog of Federal Pomestic Assistance #: 84. 1 8 4 8 Catalog of Federal Pomestance #: 84. 1 8 4 8 A - State B - Local Pomestic Assist	
Washington City pplicant's D-U-N-S Number 18 838 0919	
pplicant's D-U-N-S Number 18 838 0919	·
### Action of Federal Domestic Assistance ## 84. 1 8 4 B ### tte:	nt _Yes _No
tle:Mentoring Programs	delinquent on any Federal debt?Yes _x_No h an explanation.)
A - State B - Local C - Specials College or U College or U D - Indian T E - Individual D - Indian T D - Indian T E - Individual D - Indian T D - Indian T E - Individual D - Indian T D -	ant (Enter appropriate letter in the box.)
A - State B - Local C - Special College or U Driestor: Alma Morales Riojas C - Special College or U Driestor: Alma Morales Riojas C - Special College or U Driestor State Zip code + 4 Washington DC 20006 - 1420 State Zip code + 4 E-Mail Address: hermana2@aol.com Pplication Information Type of Submission: - Application	F - Independent School District
roject Director: _Alma Morales Riojas	G - Public College or University
DC	Iniversity
Washington	J - Private, Profit-Making
E-Mail Address:hermana2@aol.com	
Polication Information 12. Are any reservant 13. Are any reservant 14. Are any reservant 15. Are any reservant 16. Application 16. Are any reservant 16. Application 16. Application 16. Application 16. Application 16. Application 16. Application 16. Are any reservant 16. Are any reservant 16. Are any reservant 16. Are any reservant 16. Application 16.	Sno/IIII
Type of Submission: - PreApplication	
O. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review):6282004	arch activities involving human subjects planned at uring the proposed project period? So to 1.2a.) _x _ No (Go to item 13:) All the research activities proposed designated to be
Yes (Pale made available to the Executive Order 12372 Yes (Pale made available to the Executive Order 12372 Yes (Pale made available to the Executive Order 12372 Yes (Pale made available to the Executive Order 12372 No (P	npt from the regulations?
	Provide Exemption(s) #):
Program is not covered by E.O. Tel. #1 (2022)	rovide Assurance #):
Program has not been selected by Start Potes	Title of Applicant's Project.
Authorized Representative Inform 15. To the best of my knowledge and belief, and correct. The document has been dul and the applicant will comply with the c. State S	s. A National Latina Youth Mentorship Program
15. To the best of my knowledge and oction, and correct. The document has been dul and the applicant will comply with the and the applicant will comply with the a. Authorized Representative (Please type o Alma Morales Riojas e. Other 5. To the best of my knowledge and oction, and the applicant will comply with the a. Authorized Representative (Please type o Alma Morales Riojas 5. Tel #: (202) _8330060	
b. Applicant \$	nation , all data in this preapplication/application are true The rived by the governing body of the application
b. Applicant c. State s	otrached assurances if the assistance is awarded.
d. Local \$0 00Alma Morales Riojas	or print name clearly.)
e. Other \$ _75,000 00 b. Title: _President & CEO	
e. Other 9_73,000	
f. Program Income \$, 00 c. Tel. #: (202)633000	Fax #: (202) _4960588
hermona/(a)A01.COII	
g. TOTAL \$ _275,000 00 e Signature of Authorized Representati	pate: 7/1

٧.	ΑF	10	-038	8C.	1	ΑТ	TΑ	CH	ME	.NT	Α
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OMB Approval No. 0348-0043

APPLICATION FOR	`	AF 10-0300C.1 AT 1	ACHMENTA	OMB Approval No. 0348-0043	
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier	
		7/28/04			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication	9/15/02		n/a	
Construction		4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction 5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
California Department of Veteran				and Construction Division	
Address (give city, county, State, 1227 "O" Street, Suite 314 Sacramento, CA 95814	and zip code):			number of person to be contacted on matters involving rea code) Robert M. Johnson Capital Outlay and Construction Division 916 653-0240	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	,	7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
9 4 — 6 0 3 8	1 5 7		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning	
X New	Continuation	Revision	C. Municipal	J. Private University	
_			D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(specify):		9. NAME OF FEDERA	AL AGENCY:	
			Department of Veter		
			Bepariment of veter		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:	
Grants to States for Construc	ction Projects	6 4 — 0 0 5	VHC-Yountville Ce	entral Power Plant Renovation	
		<u> </u>		MECETTE	
TITLE: Acquisition of 12. AREAS AFFECTED BY PRO		ates, etc.);		/ VED	
State of California: Napa County		. ,		JUL 28 2004	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		STATE CLEARING HOUSE	
Start Date Ending Date	a. Applicant		b. Project	SA Congressional District	
10-1-05 10-2-06	Robert Matsui, 5th CA Cor	ngressional District	MIKE I NOMPSON, 1ST	CA Congressional District SUBJECT TO REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 PF		
a. Federal	\$ 740,350.00		a YES THIS PREA	APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$		AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:	
c. State	\$ 398,650.00		DATE	July 28, 2004	
d. Local	\$		b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372	
e. Other \$		OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE /IEW		
f. Program Income	\$		17 IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL \$ 1,139,000.00			Yes If "Yes," attach an explanation.		
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	OVERNING BODY OF TH	CATION/PREAPPLICATION AND TI	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Rep		ARDED. b, Title	Secretary	c. Telephone Number	
a. Type Name of Authorized Rep Tom Johnson,		California Departm	nent of Veterans Affairs	916 653-2158	
d. Signature of Authorized Repre				e, Date Signed	
Provinue Edition Licable				Standard Form 424 (Rev. 7-97)	

VAF10-0388C.1 ATTACHMENT A OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 7/28/04 1 TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier 9/15/02 Application

Construction Preapplication X Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Capital Development and Construction Division California Department of Veterans Affairs Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) Robert M. Johnson 1227 "O" Street, Suite 314 Capital Outlay and Construction Division Sacramento, CA 95814 916 653-0240 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) Α 9 4 - 6 0 3 8 1 5 7 A. State H. Independent School Dist. I. State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: B. County J. Private University C. Municipal Revision X New Continuation K. Indian Tribe D. Township E. Interstate L. Individual If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal N. Other (Specify) G. Special District A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: VHC-Yountville Administration Building Renovation Grants to States for Construction Projects STATE CLEARING HOUSE TITLE: Acquisition of State Homes Facilities 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California: Napa County; City of Yountville 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT b. Project Start Date Ending Date a. Applicant Mike Thompson, 1st CA Congressional District 10-2-06 Robert Matsul, 5th CA Congressional District 10-1-05 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIV 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? \$ 2,945,800.00 a. Federal a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant PROCESS FOR REVIEW ON: 1,586,200.00 c. State July 28, 2004 DATE d. Local \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other \$ FOR REVIEW S f. Program Income 17 IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 4,532,000.00 g. TOTAL Yes If "Yes," attach an explanation. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative Secretary

California Department of Veterans Affairs

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d. Signature of Authorized Representative

Tom Johnson, FACHE

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

916 653-2158

e. Date Signed



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Project ID:	CA-03-0692
Budget Number:	1 - Budget Pending Approval
Project Information:	Claremont Intermodal Transit Facility

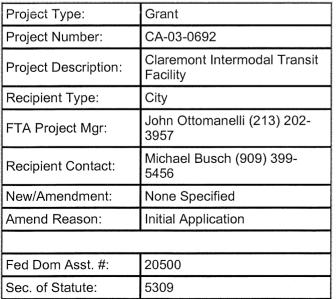
Part 1: Recipient Information

Project Number:	CA-03-0692	
Recipient ID:	2271	
Recipient Name:	CLAREMONT, CITY OF	
Address:	207 HARVARD AVENUE , CLAREMONT, CA 91711 0000	
Telephone:	(909) 399-5400	
Facsimile:	(909) 399-5492	

Union Information

No information found.

Part 2: Project Information



Gross Project Cost:		\$1,534,750
Adjustment Amt:		\$0
Total Eligible Cost:		\$1,534,750
Total FTA Amt:		\$1,227,800
Total State Amt:		\$0
Total Local Amt:		\$306,950
Other Federal Amt:		\$0
Special Cond Amt:		\$0
Special Condition:	None Specified	
S.C. Tgt. Date:	None Specified	

State Appl. ID:	None Specified
Start/End Date:	Dec. 01, 2004 - Jun. 30, 2006
Recvd. By State:	
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jul. 09, 2004
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

S.C. Eff. Date:		None Specified
	Est. Oblig Date:	None Specified
The second secon	Pre-Award Authority?:	Yes
	Fed. Debt Authority?:	No
Final Budget?:		No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official	
6	26	David Dreier	

Project Details

Through this application, the City of Claremont will be constructing a 485 space parking facility as part of a transit oriended development for bus commuters, future Gold Line patrons and for planned mixed use development. The facility will include four (4) parking levels, public bathrooms, a public plaza area and bicycle amenities (lockers). The project is located within the Village expansion project area which is immediately adjacent to the Metrolink Right-of-Way and also the future Gold Line Right-of-Way. The facility is within 1/8 mile from the Foothill Transit Store and the City's historic transit depot, which is the location of the City's Metrolink Station. The facility is funded from a combination of Section 5309 Funds, TE funds and local dollars. The construction cost is estimated at \$8.1 million. As a project participant, Foothill Transit will allocate \$2.3 million in Section 5309 funds to the project through a separate application. Currently, the project is in design. Award of the construction contract is not anticipated until January 2005. The construction period is estimated at 15-18 months with the project open by June 2006.

The project is included in the FTIP as project LAOD103.

Part 3: Budget

Project Budget

	<u>Quantity</u>	FTA Amount	Tot. Elig. Cost
SCOPE			
113-00 BUS - STATION/STOPS/TERMINALS	0	\$1,227,800	\$1,534,750
ACTIVITY			

11.33.03 CONSTRUCT - INTERMODAL BUS TERMINAL	0 \$1,227,800	\$1,534,750
	Estimated Total Eligible Cost:	\$1,534,750
	Federal Share:	\$1,227,800
	Local Share:	\$306,950

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.13.00	BUS - STATION/STOPS/TERMINALS	Gasoline
----------	-------------------------------	----------

Extended Budget Descriptions

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.33.03 CONSTRUCT - INTERMODAL BUS 0 \$1,227,800 \$1,534,750 TERMINAL

	Milestone Description	
1.	RFP/IFB Issued	Jan. 31, 2005
2.	Contract Award	Mar. 15, 2005
3.	Contract Complete	Jun. 30, 2006

Part 5. Environmental Findings

11300 BUS - STATION/STOPS/TERMINALS

0 \$1,227,800

\$1,534,750

Finding No. 1 - Class II(c)

C13 - Ridesharing activities Ridesharing activities.

View Print Page 4 of 4

Finding Details:

The Claremont Intermodal Transit Facility will function as a bus transit and future light rail transit parkand-ride facility. These qualify as ridesharing activities.

113303 CONSTRUCT - INTERMODAL BUS TERMINAL

0 \$1,227,800

\$1,534,750

Finding No. 1 - Class II(c)

C13 - Ridesharing activitiesRidesharing activities.

Finding Details:

The Claremont Intermodal Transit Facility will function as a bus transit and future light rail transit park-

and-ride facility. These qualify as ridesharing activities.

Part 6: Fleet Status

Paratransit

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			
	A. Peak Requirement	4	0	4
	B. Spares	2	0	2
	C. Total (A+B)	6	0	6
	D. Spare Ratio (B/A)	50.00%	0.00%	50.00%
11.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
111.	Total (I.C and II.C)	6	0	6

This project is for the construction of an Intermaodal facility that will be used by Claremont Diala-Ride, Foothill Transit and as a future Gold Line parking facility.

Part 7. FTA Comments

No information found.

Part 8: Results of Reviews

The reviewer did not find any errors

. 29 U4 U8:U/a	Swkcm mudgecs	510	, 211 2111 Fe	
		MO	MB Approval No. 0348-0043	
APPLICATION FOR F	FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier	
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier	
Application	Preapplication G G G W	E. Company		
	The state of the s	4. Date Rec'd by Frederick	Federal Identifier	
_X Nonconstruction	Nonconstruction		LS 97928301	
5. Applicant Information:	JUL 2 9 2004	Organizational Unit:		
Legal Name and Address:		Division of Water Quality		
(give city, county, state, and		Name and telephone of person		
	esources Control Board A	involving this application (give	e area code):	
	Sacramento County	Elizabeth Haven		
Sacramento, (California 95814	(916) 341-5752		
6. Employer Identification	Number (EIN): 680281986	7. Type of Applicant: (enter a	ppropriate letter)A	
		A. State H.	Independent School District	
6. DUNS Number: 80	8321913	B. County I.	State Institute of Higher Learning	
Type of Application:		C. Municipal J.	Private University	
New _X_ Revision		D. Township K.	Indian Tribe	
If Revision, enter appropria	te letter(s): _A_	E. Interstate L.	Individual	
A. Increase Award	B. Decrease Award		Profit Organization	
C. Increase Duration	D. Decrease Duration	G. Special District No.	Other (specify)	
Other (specify)				
		9. Name of Federal Agency:		
 Catalog of Federal Don 66.805 	nestic Assistance Number	U. S. Environme	ntal Protection Agency	
Title: Leaking Unde	erground Storage Tank Trust Fund	11. Descriptive Title of Applie	cant's Project:	
			ement effective regulatory programs	
		for the prevention, detection, a		
12. Area Affected by Proje	ct:	leaking UST systems containing petroleum or hazardous substances		
(cities, counties, states, etc.))	regulated under the Resource Conservaton and Recovery Act (RCRA)		
California		Subtitle I.		
13. Proposed Project:				
Start Date	End Date	14. Congressional District of:		
7/1/02	6/30/05	Applicant: Pro	oject:	
			lifornia - All	
15. ESTIMATED FUNDIN	1G:	16. Is the application subject t	o review by the State	
		Executive Order (EO) 12372 p		
a. Federal	\$3,538,351		ication/preapplication was made	
b. Applicant	\$0	available to the S	State EO 12372 process for	
c. State	\$393,150	review on:		
d. Local	\$0		ite: July 29, 2004	
e. Other	\$0	•	is not covered by EO # 12372	
f. Program Income	\$0	PIE	has not been selected by the	
		s ate for		
g. TOTAL	\$3,931,501	17. Is the applicant definquent		
		YES, attach explanatio	nXNO	
		· .		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DAYA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

n. Typed Name of Authorized Representative Celeste Cantú	b. Title: Executive Director	c. Telephone Number (916) 341-5615
l. Signature of Authorized Representative		e. Date Signed:

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

Authorized for Local Reproduction

APPLIC	ATION FO)R	VAF10-0388C.1 ATTACHMENT A			
FEDER.	AL ASSIST	TANCE	2. DATE SUBMITT	ren -	OMB Approval No. 0348	
		· · · · · · · · · · · · · · · · · · ·	4/1/04	,	Applicant Identifier	
1. TYPE OF	SUBMISSION:					
Application	n	Preapplication	3. DATE RECEIVE	D BY STATE	State Application Identifier	
Const	ruction	X Construction	9/15/02		n/a	
☐ Non-C	onstruction	Non-Construction	4. DATE RECEIVE	D BY FEDERAL AGENC	Y Federal Identifier	
5. APPLICAL	NT INFORMATIO	ON	on j			
Legal Name:						
California De	parlment of Vete	erans Affairs	commence of the state of the st	Organizational Unit		
Address (give	e city, county, St.	ale, and zip code):	FCFIVEL		nt and Construction Division	
1227 "O" Stre Sacramento,	eet, Suite 314 CA 95814		JUL 2 8 2004		ne number of person to be contacted on matters involve area code) Robert M. Johnson Capital Outlay and Construction Division 916 653-0240	
	RIDENTIFICAT	ION NUMBER (EIM)		7 TYPE OF APPLI	CANT: (enter appropriate letter in box)	
9 4 -	- 6 0 3	8 1 5 7 STA	ATE CLEARING HOL	ISF	ontiliter appropriate letter in box)	
9 TVDC OF A	DDUIGATION		NED STREET, CO. L. C.	A. State	H. Independent School Dist.	
O. 11FE UF A	PPLICATION:			B. County	L State Controlled Inctivates at the controlled	
	X N	ew Continuation	n Revision	C. Municipal	State Controlled Institution of Higher Learning Private University	
f Boulsian				D. Township	K. Indian Tribe	
i nevision, en	ner appropriate le	etter(s) in box(es)		E. Interstate	L. Individual	
A In				F. Intermunicipal		
A. Increase		ecrease Award C. Incr	ease Duration	G. Special District	M. Profit Organization N. Other (Specify)	
D. Decrease	Duration Other	r(specify):		ar opedial bistrict	N. Olner (Specify)	
				9. NAME OF FEDER	AL AGENCY.	
				Department of Vete	erans Affairs	
D. CATALOG	OF FEDERAL	DOMESTIC ASSISTANCE	- NUMBER			
			: NOMBER:	11. DESCRIPTIVE TI	ITLE OF APPLICANT'S PROJECT:	
Grants to o	States for Constru	Jotion Projects	6 4 - 0 0 5	The state of the s		
TITLE	: Acquisition o	State Homes Facilities		Renovation Renovation		
2. AREAS AF	FECTED BY PR	OJECT (Cities, Counties,	0			
tate of Colifor	nia, Mary O	duect (Cilles, Counties,	States, etc.);			
date or Campn	ma: Napa Coun	ty; City of Yountville				
B. PROPOSED	PROJECT	14 000000000				
	11100201	14. CONGRESSIONAL	DISTRICTS OF:			
larl Date	Ending Date	a. Applicant	N			
10-1-05	10-2-06			b. Project		
. ESTIMATED		Robert Matsui, 5th CA C	ongressional District	Mike Thompson, 1st C	CA Congressional District	
. LO MINIA I EL	PUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
Fall				ORDER 12372 PR	OCESSO	
Federal		\$ 1,950,000.00			002331	
				a. YES THIS PREA	PPLICATION/APPLICATION WAS MADE	
Applicant		\$		AVAII ADIE	TO THE STATE SYSTEM AS MADE	
				PROCESS	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:	
State		\$ 1,050,000.00		1 11002351	OR REVIEW ON:	
				DATE	April 1, 2004	
_ocal		\$		- DATE		
				I h No E process	MIC NOT COMPANY	
Other		\$		TOUR LI PROGRAM	M IS NOT COVERED BY E. O. 12372	
				LI OH PHOG	RAM HAS NOT BEEN SELECTED BY STATE	
rogram Incom	e	\$		FOR REVI	EW	
		•		47 10 7		
OTAL \$ 3,000,000.00			17. IS THE APPLICAN	T DELINGUENT ON ANY FEDERAL DEBT?		
		, = = 1, = 0.00		Yes If "Yes," at	tach an explanation	
TO THE BEST	T OF MY KNOW	LEDGE AND BELIEF AL	L DATA IN THE	<u> </u>		
CUMENT HAS	S BEEN DULY	AUTHORIZED BY THE O	CVERNING COOK OF	ATION/PREAPPLICATION	ON ARE TRUE AND CORRECT, THE	
		HE ASSISTANCE IS AWA		E APPLICANT AND THE	ON ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE	
ype Name of A	Authorized Repre	eentative	AIIDED.			
T	Tom Johnson, FA	ACHE	b. Title	Secretary C	. Telephone Number	
gnature of Aut	thorized Represe	entativo	California Departme	ent of Veterans Affairs	916 653-2158	
2 31 O OI AU	onzed neprese	anduve		e	. Date Signed	
ous Edition U	leable				-	
Cumuni O	Sabic					

APPLICATUL 27 '04 03:39PM AQI FEDERAL ASSISTANCE	MD FINANCE	2. DATE SUBMITTED 7-27-04	Applican P.S. Luffier R9 Tracking # 04-0433
TVAP OF CUDMISSION		3. DATE RECEIVED BY STATE	State Application Identifier
1. TYPE OF SUBMISSION Application	Preapplication		since Application Identifier
□ Construction √ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Pederal Identifier
5. APPLICANT INFORMATION			
Legal Name: SOUTH COAST AIR QUALITY MAN	AGEMENT DISTRICT	Organizacional Unit:	
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765	DUNS # 025986159	Name and telephone number of the person to be con application (give area code) Mary Leonard (909) 396-2780	tacted on matters involving this
6. EMPLOYER IDENTIFICATION (EIN): 953099419 8. TYPE OF APPLICATION: New "Continuation - Revision		B. County Learning C. Municipal D. Township E. Interstate F, Intermunicipal G. Spacial District N. Other (Sp. 19 NAME OF FEDERAL AGENCY)	nt School District olled Institution of Higher iversity be ganization ecity): Regional Agency
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001 TITLE: AIT POllution Control Pro 12. AREAS AFFECTED BY PROJECT (cities, counties)	8. SINICS, CIC.);	11. DESCRIPTIVE TITLE OF APPLICANT'S PF FY 2004-05 Air Pollution Control Program	
Orange, and the and non-desert areas of and Riverside Counties	f San Bernardino, Los Angeles,		
13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICT OF:		h Decises
Start Date	a. Applicant: 24-48		b. Project 24-48
		16. IS APPLICATION SUBJECT TO REVORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APP AVAILABLE TO THE STATE EXECUTE PROCESSES FOR REVIEW ON: DATE: 7-27-04 b. NO.	LICATION WAS MADE UTIVE ORDER 12372
15. Estimated Funding:		☐ PROGRAM IS NOT COVERED B ☐ OR PROGRAM HAS NOT BEEN REVIEW	
a. Federal	\$ 4,455,372		
b. Applicant			
	\$ 80,862,748		
c. State	\$ 80,862,748 \$ 4,021,970		
4. Local	\$ 80,862,748 \$ 4,021,970 \$	14 IS THE ADDITION THE WANTED TO A	Y ECDEDAI DOGT?
d. Local e. Other	\$ 80,862,748 \$ 4,021,970 \$	17. IS THE APPLICANT DELINQUENT ON AN Yes If "Yes" attach an explanation.	Y FEDERAL DEBT? √ No
d. Local e. Other f. Program Income	\$ B0,862,748 \$ 4,021,970 \$ 3 \$	•	
d. Local e. Other f. Program Income g. TOTAL	\$ 80,862,748 \$ 4,021,970 \$ 3 \$ 5 \$ 89,340,090	☐ Yes If "Yes" attach an explanation.	√ No
d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. AL THE GOVERNING BODY OF THE APPLICANT AND THE	\$ B0,862,748 \$ 4,021,970 \$ 3 \$ \$ 89,340,090 L DATA IN THIS APPLICATION/PREAPPLICATIO	Yes If "Yes" attach an explanation. NARE TRUE AND CORRECT, THE DOCUMENT HAS BE HED ASSURANCES IF THE ASSISTANCE IS AWARDED.	√ No EN DULY AUTHORIZED BY
d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. AL THE GOVERNING BODY OF THE APPLICANT AND THE a. Typed Name of Authorized Representative. Barry R. Wallerstein, D.Env.	\$ B0,862,748 \$ 4,021,970 \$ 3 \$ \$ 89,340,090 L DATA IN THIS APPLICATION/PREAPPLICATIO	Yes If "Yes" attach an explanation. NARE TRUE AND CORRECT, THE DOCUMENT HAS BE	V No EN DULY AUTHORIZED SY c. Telephone Number (909) 396-2100
d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. AL THE GOVERNING BODY OF THE APPLICANT AND TH a. Typed Name of Authorized Representative.	\$ B0,862,748 \$ 4,021,970 \$ 3 \$ \$ 89,340,090 L DATA IN THIS APPLICATION/PREAPPLICATIO	Tes If "Yes" attach an explanation. NARE TRUE AND CORRECT, THE DOCUMENT HAS BE HED ASSURANCES IF THE ASSISTANCE IS AWARDED O. Title:	No EN DULY AUTHORIZED BY c. Telephone Number (909) 396-2100 e. Date Signed
d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. AL THE GOVERNING BODY OF THE APPLICANT AND TH a. Types Name of Authorized Representative, Barry R, Wallerstein, D, Env.	\$ B0,862,748 \$ 4,021,970 \$ 3 \$ \$ 89,340,090 L DATA IN THIS APPLICATION/PREAPPLICATIO	Tyes If "Yes" attach an explanation. NARE TRUE AND CORRECT, THE DOCUMENT HAS BEHED ASSURANCES IF THE ASSISTANCE IS AWARDED B. Title: EXECUTIVE Officer	V No EN DULY AUTHORIZED SY c. Telephone Number (909) 396-2100



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information	Organizational Unit
1. Name and Address Legal Name: Word Empowerment Min	A British and
CIAN II th Milanua	/ LOLIVED
Address: 5400 11 HOEROWE	JUL 2 8 2004
Los Angeles (A LOS ANGELES 90043 - 25 STATE CLEARING HOUSE
2. Applicant's D-U-N-S Number 1 4 3 5 9 1 3 4 D	6. Novice Applicant Yes No
3. Applicant's T-I-N 19151-1415191101161	7. Is the applicant delinquent on any Federal debt?Yes _VNo (If "Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 84. 8 4 B	
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: ANGIVEW RONELL STANCH Address: 13535 Jefferson Ave LAWHOINE CA 90250 6021 City State Zip code + 4 Tel. #: (310) 679-5288 Fax #: (310) 644-2987	A - State B - Local C - Special District University D - Indian Tribe E - Individual F - Independent School District G - Public College or University H - Private, Non-profit College or I - Non-profit Organization J - Private, Profit-Making Organization K - Other (Specify):
E-Mail Address:	
Application Information 9. Type of Submission:PreApplicationConstruction	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #):
No (If "No," check appropriate box below.)	No (Provide Assurance #):
Program is not covered by E.Ó. 12372. Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:
11. Proposed Project Dates: 5/28/04 07/87/04 Start Date: End Date:	"Breaking The Mold" Life Skills Youth
Start Date: End Date:	Development Mentoring Program
Estimated Funding Authorized Representative 15. To the best of my know	e Information ledge and belief, all data in this preapplication/application are true
14a. Federal \$ <u>251,805</u> . 00 and correct. The docur	nent has been duly authorized by the governing body of the applicant
	omply with the attached assurances if the assistance is awarded.
4)	e (Please type or print name clearly.)
d. Local s - 0 00 HNdrew R	owell Stanch
e. Other \$ - 000 b. Title: Directo	1
f. Program Income \$ O 00	-5288 Fax #: (310) 644 - 2987
d. E-Mail Address:	
g. TOTAL \$ 251,805.00 e. Signature of Authorized	Representative
(MAN) E	Date: 07/06/04

APPLICATION FOR		2. DATE SUBMITTED		Applicant Id	y Version 7/03	
FEDERAL ASSISTANCE				Applicant Identifier		
1, TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY			State Application Identifier	
☑ Construction	☐ Construction	4. DATE RECEIVED BY		Federal Idea	ntifier	
Non-Construction	Non-Construction	<u> </u>	2004			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:			
South Tulare Cour	nty Memorial D	istrict	Department:			
Organizational DUNS: 36-1	80-0626		Division:			
Address:					person to be contacted on matters	
Street: P.O. Box	10148		involving this applic Prefix: Mr.	First Name:	RECEIVED	
City: Earlimar	. +-		Middle Name Ray	Joe	111 2 8 2004	
County: Tulare	3.		Last Name McPhetric	lge		
State: CA	Zip Code 93219-	-0148	Suffix:		STATE CLEARING HOUSE	
Country:			Email:			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area code)	
94-6024065			(559) 757-38		(559) 757-5403	
8. TYPE OF APPLICATION:	Printer's	prompt)	I	-	ack of form for Application Types)	
X New If Revision, enter appropriate lett	er(s) in box(es)	n Revision	G - Specify)	lai Dist	rict	
(See back of form for description	of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDER USDA Rura	AL AGENCY: al Devel	opment	
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:			LICANT'S PROJECT:	
		10-766			tion at Richgrove	
TITLE (Name of Program): Com Program	munity Facilit	ies Grant	and Earlima Buildings	art Vete	rans Memorial	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	, States, etc.):	Duridings			
Earlimart and Ric	chorove. Califo	ornia				
13. PROPOSED PROJECT	ingrove, ourre		14. CONGRESSION	AL DISTRICT		
Start Date:	Ending Date:		a. Applicant		b. Project	
10/1/04 15. ESTIMATED FUNDING:	9/30/05		16 IS APPLICATION	Nunes SUBJECT T	Rep. Devin Nunes OREVIEW BY STATE EXECUTIVE	
15, ESTIMATED FUNDING.		707	ORDER 12372 PROC	ESS?		
a. Federal \$	87,444	00	AVAILAB	LE TO THE S	DN/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372	
b. Applicant \$	71,545	. 00		S FOR REVI	EVV OIN	
c. State \$		•	DATE:		NAME	
d. Local \$,	. 00	b. No. Lin		OVERED BY E. O. 12372	
e. Other \$		00	FOR RE\	/IEW	OT BEEN SELECTED BY STATE	
f. Program Income \$.00	17. IS THE APPLICA	NT DELINQU	ENT ON ANY FEDERAL DEBT?	
g. TOTAL \$	158,989	00	Yes If "Yes" attach	•		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF I	LICATION/PREAPPLI THE APPLICANT AND	CATION ARE	TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE	
a. Authorized Representative			الداماء ما	Name _		
Prefix Mr.	First Name Joe			Ray		
Last Name McPhetridge			Suffix			
^{b. Title} Director	1 1		(5	59) 757 -	er (give area code) -3870	
d. Signature of Authorized Repre	sentative //		e. Date	Signed 26/04		

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Previous Edition Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Version 7/03

OMB Approval No. 0348-0043 Applicant Identifier 2 Date Submitted APPLICATION FOR FEDERAL ASSISTANCE State Application Identifier 3. Date Rec'd by State 1. Type of Submission: Preapplication Application Federal Identifier 4. Date Rec'd by Federal Construction Construction CE 97902801 Nonconstruction X Nonconstruction Organizational Unit: 5. Applicant Information: Los Angeles Regional Water Quality Control Board Legal Name and Address: Name and telephone of person to be contacted on matters (give city, county, state, and zip code) involving this application (give area code): State Water Resources Control Board Guangyu Wang 1001 I Street, Sacramento County (213) 576-6639 Sacramento, California 95814 7. Type of Applicant: (enter appropriate letter) _A 6. Employer Identification Number (EIN): 68--0281986 H. Independent School District A. State I. State Institute of Higher Learning B. County 6. DUNS Number: 808321913 J. Private University C. Municipal 8. Type of Application: K. Indian Tribe
L. Individual D. Township _X_ Revision Continuation New E. Interstate If Revision, enter appropriate letter(s): _A__ _C_ M. Profit Ofganization F. Intermunicipal B. Decrease Award A. Increase Award N. Other (specify) JUL 2 7 2004 G. Special District D. Decrease Duration C. Increase Duration Other (specify) _ 9. Name of Federal Agency: U. S. Environmental Protection ATE CLEARING HOUSE 10. Catalog of Federal Domestic Assistance Number 66.456 11. Descriptive Title of Applicant's Project: National Estuary Program Title: Scope of the overall workplan continues to be devoted to management and oversite of storm water pollution control, habitat restoration and other bond-related projects; development of long-term restoration and 12. Area Affected by Project: pollution control strategies in targeted watersheds; updates and refine-(cities, counties, states, etc.) ment of environmental indicators; reports and tracking; outreach Santa Monica Bay, California programs and completing establishment of new joint powers authority. 13. Proposed Project: 14. Congressional District of: End Date Start Date Applicant: Project: 9/30/05 9/30/01 California - All 16. Is the application subject to review by the State 15. ESTIMATED FUNDING: Executive Order (EO) 12372 process? __X__ This application/preapplication was made a. YES: \$421,201 a. Federal available to the State EO 12372 process for \$0 b. Applicant review on: \$295,072 c. State Date: July 27, 2004 \$0 d. Local Program is not covered by EO # 12372 b. NO: \$0 e. Other Program has not been selected by the \$0 f. Program Income state for review. 17. Is the applicant delinquent on any Federal debt? \$716,273 g. TOTAL __X__NO YES, attach explanation 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number b. Title: a. Typed Name of Authorized Representative (916) 341-5615 **Executive Director** Celeste Cantú e. Date Signed: d. Signature of Authorized Representative

APPLICATION FOR)			OMB A	Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	STATE	State Application Identifier	
Construction Non-Construction	✓ Construction✓ Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Point Arena Light Sta	ation		Organizational Unit: Point Arena L	ighthouse Keepers,	Inc
Address (give city, county, State,				number of person to be contac	
P. O. Box 11/45500 L Point Arena, Californi	ighthouse Road		this application (give a		tou on manore involv
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in	
9 4 - 2 8 4 1	6 3 6		A. State	H. Independent School Dist.	N.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution	of Higher Learning
✓ New	Continuation	Revision	C. Municipal	J. Private University	
		1 [D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
A. Increase Award B. Dec	rease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Non-P	Profit Org.
	specify):	Duration			10111 0191
			9. NAME OF FEDERA		0 115
				of Agriculture, Rural De	***************************************
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N		11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJI	ECT:
		1 0 — 7 6 6	Paving and gradi	ing of grounds from kiosl	k to the Light
TITLE: Standard Fo	rm 424			nal Building and Keepers	
12. AREAS AFFECTED BY PRO		ites, etc.):		essary to repair extremel	
 State & Mendocino Count	•			ration and grading of des	
State & Mendocino Count	y - Fromote tourism of	a mstorical site.	Childal to helping	control further erosion of	n the Point.
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date 1/2/05 3/1/05	a. Applicant Point Arena Lightho	use Keeners Inc	b. Project	& Grading Light Station (Grounds
15. ESTIMATED FUNDING:	T Offic Arena Lighting	nuse recepcis, inc.		SUBJECT TO REVIEW BY S	
		00	ORDER 12372 PR		TATE EXCOUNTE
a. Federal	\$	50,000	a. YES. THIS PREA	APPLICATION/APPLICATION	WAS MADE
b. Applicant	\$	50,000	1	TO THE STATE EXECUTIVE FOR REVIEW ON:	ORDER 12372
c. State	EIVED	.00			
d. Local	\$	00	DATE		
11.11	2004	•	b. No. PROGRA	AM IS NOT COVERED BY E. C	D. 12372
e. Other	\$.00	OR PRO	GRAM HAS NOT BEEN SELEC	CTED BY STATE
f. Program Income	BADING UNISE	.00			
C		00	17. IS THE APPLICAL	NT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL	\$	100,000	Yes If "Yes,"	attach an explanation.	 ✓ No
18. TO THE BEST OF MY KNOW					
DOCUMENT HAS BEEN DULY			E APPLICANT AND TH	HE APPLICANT WILL COMPL	Y WITH THE
a. Type Name of Authorized Rep		RDED. b. Title		c. Telephone Number	
Jeff Gales	i esemanye	Managing Director		(707) 882-2777	
d. Signature of Authorized Repres	sentative		**************************************	e Date Signed 🕢 #	01 0 1

Previous Edition Usable Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE				Version 7/03
	2. DATE SUBMITTED		Applicant Iden	tifier
1. TYPE OF SUBMISSION:	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application Pre-application				
☑ Construction ☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier
Non-Construction				
5. APPLICANT INFORMATION Legal Name:		Organizational Unit:		
		Department:		
Burbank Housing Development Corporation Organizational DUNS:		Division:		
103427225				
Address: Street:		Name and telephone involving this applic		rson to be contacted on matters
3432 Mendocino Ave		Prefix:	First Name:	
877		Mr. Middle Name	John	
City: Santa Rosa		Middle Name		
County: Sonoma		Last Name Lowry		
State: Zip Code CA 95403		Suffix;		
		P-mail:		
Country: USA		Email: JohnL@BurbankHou		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area code)
9 4 - 2 8 3 7 7 8 5		(707) 526-1020 x213		(707) 526-9811
8. TYPE OF APPLICATION:		7. TYPE OF APPLICA	ANT: (See bac	of form for Application Types)
✓ New	n Revision	O. Not for Profit orga	nization	-
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)		
Other (specify)		9. NAME OF FEDERA Housing and Urban D		
10. CATALOG OF FEDERAL DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE TI		CANT'S PROJECT:
		Jennings Senior Apar	rtments	
TITLE (Name of Program):	1 4-1 5 7	55 Apartments for ve	ry low income e	derly including one manager's unit
Section 202 Supportive Housing for the Elderly		HUD provides Capita	I Advance and I	Rent Assistance
12. AREAS AFFECTED BY PROJECT (Cities, Countie	s, States, etc.):			
		1		(
Santa Rosa, Sonoma County, California				
13. PROPOSED PROJECT		14. CONGRESSIONA	AL DISTRICTS	F
		14. CONGRESSIONA a. Applicant 6th	AL DISTRICTS	OF: b. Project 6th
13. PROPOSED PROJECT Start Date: Ending Date:		a. Applicant 6th 16. IS APPLICATION	I SUBJECT TO	b. Project
13. PROPOSED PROJECT	<u>uu</u>	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC	I SUBJECT TO ESS?	b. Project 6th
13. PROPOSED PROJECT Start Date: 10/05/2005	6,097,900	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. 1/2 THIS PRI AVAILAB	I SUBJECT TO ESS? EAPPLICATION ILE TO THE ST	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
13. PROPOSED PROJECT Start Date: 10/05/2005		a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. 1/2 THIS PRI AVAILAB	I SUBJECT TO ESS? EAPPLICATION	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
13. PROPOSED PROJECT Start Date: 10/05/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State	6,097,900	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. M THIS PROCES	I SUBJECT TO ESS? EAPPLICATION ILE TO THE ST	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
13. PROPOSED PROJECT Start Date: 10/05/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State	6,097,900 · · · · · · · · · · · · · · · · · ·	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. VI THIS PR AVAILAB PROCES DATE: Ji	I SUBJECT TO ESS? EAPPLICATION ILE TO THE ST. IS FOR REVIEV Uly 21, 2004	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
13. PROPOSED PROJECT Start Date: 10/05/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local \$ 2.3 2004	10,000	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. M THIS PROCES DATE: John No. PROGRA	I SUBJECT TO ESS? EAPPLICATION BLE TO THE ST. IS FOR REVIEV UIY 21, 2004 IM IS NOT COV	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 V ON
13. PROPOSED PROJECT Start Date: 10/05/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local \$ 2.3 2004	10,000	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. M THIS PRI AVAILAB PROCES DATE: Jo b. No. PROGRA	I SUBJECT TO ESS? EAPPLICATION BLE TO THE ST. S FOR REVIEV UIY 21, 2004 M IS NOT COV GRAM HAS NO	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 V ON ERED BY E. O. 12372
13. PROPOSED PROJECT Start Date: 10/05/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local \$ 2.3 2004	10,000 00 00 1,865,600 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. M THIS PRI AVAILAB PROCES DATE: Jo b. No. PROGRA OR PROC FOR REV 17. IS THE APPLICA	I SUBJECT TO ESS? EAPPLICATION LEE TO THE ST. LEE T	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 V ON ERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT?
13. PROPOSED PROJECT Start Date: 10/05/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL Start Date: 10/05/2045 10/05/2045 Ending Date: 10/05/2045 2.004 Ending Date: 10/05/2045 2.004 Ending Date: 10/05/2045 2.004 Ending Date: 10/05/2045	10,000 00 00 1,865,600 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. VI THIS PROCES DATE: J. D. No. II PROGRA II OR PROCESTOR REV. 17. IS THE APPLICA	I SUBJECT TO ESS? EAPPLICATION ES FOR REVIEV UIY 21, 2004 M IS NOT COV GRAM HAS NO //EW/ NT DELINQUE	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 V ON ERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT?
13. PROPOSED PROJECT Start Date: 10/05/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local \$ 2.3 2004	10,000 00 00 00 00 00 00 00 00 00 00 00 0	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. M. THIS PROCES DATE: J. D. D. D. PROGRA OR PROCES DATE: J. OR PROCES 17. IS THE APPLICA Yes If "Yes" attact	I SUBJECT TO ESS? EAPPLICATION ES FOR REVIEV UIY 21, 2004 M IS NOT COV GRAM HAS NO //EW/ NT DELINQUE Than explanation CATION ARE 1	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 VON ERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? V. No RUE AND CORRECT. THE
13. PROPOSED PROJECT Start Date: 10/05/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS A a. Authorized Representative	10,000 00 00 00 00 00 00 00 00 00 00 00 0	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. VI THIS PRI AVAILAB PROCES DATE: JI b. No. PROGRA OR PROC 17. IS THE APPLICA Yes If "Yes" attact PLICATION/PREAPPLI THE APPLICANT AND	I SUBJECT TO ESS? EAPPLICATION ILE TO THE ST. IS FOR REVIEV UIJ 21, 2004 IM IS NOT COV GRAM HAS NO VIEW INT DELINQUE THE APPLICA	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 VON ERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? V. No RUE AND CORRECT. THE
13. PROPOSED PROJECT Start Date: 10/05/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS A	10,000 00 00 00 00 00 00 00 00 00 00 00 0	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. VI THIS PRI AVAILAB PROCES DATE: July DROGRA OR PROCES 17. IS THE APPLICATION/PREAPPLI THE APPLICANT AND	I SUBJECT TO ESS? EAPPLICATION ES FOR REVIEV UIY 21, 2004 M IS NOT COV GRAM HAS NO //EW/ NT DELINQUE Than explanation CATION ARE 1	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 VON ERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? V. No RUE AND CORRECT. THE
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13. PROPOSED PROJECT Start Date: 10/05/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS A a. Authorized Representative Prefix Last Name Lowry b. Title	10,000 00 00 00 00 00 00 00 00 00 00 00 0	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. M AVAILAB PROCES DATE: Jo b. No. PROGRA OR PROC 17. IS THE APPLICA Yes If "Yes" attack PLICATION/PREAPPLI THE APPLICANT AND Middle Suffix c. Tele	I SUBJECT TO ESS? EAPPLICATION ILE TO THE ST. IS FOR REVIEW UIY 21, 2004 IM IS NOT COV GRAM HAS NO //EW NT DELINQUE In an explanation CATION ARE TO THE APPLICA	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 VON ERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? .
13. PROPOSED PROJECT Start Date: 10/05/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS A a. Authorized Representative Prefix President/Executive Director	10,000 00 00 00 00 00 00 00 00 00 00 00 0	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. VI THIS PROCES DATE: JO b. No. II PROGRA II OR PROCE 17. IS THE APPLICA Yes If "Yes" attack PLICATION/PREAPPLI THE APPLICANT AND Middle Suffix c. Tele (707)	I SUBJECT TO ESS? EAPPLICATION ILE TO THE ST. IS FOR REVIEV UIY 21, 2004 IM IS NOT COV GRAM HAS NO //EW/ NT DELINQUE IN AN ET THE APPLICA Name Sphone Number 526-1020 x213	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 VON ERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? .
13. PROPOSED PROJECT Start Date: 10/05/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS A a. Authorized Representative Prefix Last Name Lowry b. Title	10,000 00 00 00 00 00 00 00 00 00 00 00 0	a. Applicant 6th 16. IS APPLICATION ORDER 12372 PROC a. Yes. VI THIS PROCES DATE: JO b. No. II PROGRA II OR PROCE 17. IS THE APPLICA Yes If "Yes" attack PLICATION/PREAPPLI THE APPLICANT AND Middle Suffix c. Tele (707)	I SUBJECT TO ESS? EAPPLICATION ILE TO THE ST. IS FOR REVIEW UIY 21, 2004 IM IS NOT COV GRAM HAS NO //EW NT DELINQUE In an explanation CATION ARE TO THE APPLICA	b. Project 6th REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 VON ERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? .

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Version 7/03

FEDERAL ASSISTANCE	CE	2. DATE SUBMITTED		Applicant Ide	ntifier
1. TYPE OF SUBMISSION:		July 21, 2004 3. DATE RECEIVED B	BY STATE	State Applica	ition Identifier
Application	Pre-application	L		Olever ipplied	
Construction	Construction	4. DATE RECEIVED E	Y FEDERAL AGENCY	Federal Iden	tifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			<u> </u>	
Legal Name;	ON		Organizational Unit:		
City of Goleta			Department:		
Organizational DUNS:			Citý Managers Office Division:)	* .
121312131 Address:		And the second s			
Street:	FOE	IT WE IN	Involving this applic	e number of position (alve ar	erson to be contacted on mat
130 Cremona Drive, Ste. B		UVB	Prefix:	First Name:	
City; Goleta			Middle Name	Patrice	
Goleta County:	- JUL 2	3 2004	Jean	h*';	·
Santa Barbara	A second		Last Name Frey		
State: CA	Zip Code 93117	and the second s	Suffix:		
Country: USA	OTATE ALEAL	ZING HOUSET	Email:		
B. EMPLOYER IDENTIFICAT	ION NUMBER (FIN)	A STATE OF THE PARTY OF THE PAR	Phone Number (give a		Fax Number (give area code)
77-059029			(805) 961-7506	(Fa COOE)	(805)685-2635
B. TYPE OF APPLICATION:		***	' '	ANT: /Can had	k of form for Application Types
▽ N	ew Continuation	∩ ∏ Revision		AIVI, (See Dad	x di joini tot Application Types,
Revision, enter appropriate le	etter(s) in box(es)	I I Revision	C		
See back of form for description	on of letters.)		Other (specify)		
Other (specify)		<u>ت</u> .	9. NAME OF FEDERA		
0. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	F NUMBER:	Environmental Protect 11. DESCRIPTIVE TI		CANT'S DOO ISCT:
			Goleta Old Town Brow		
[ITLE (Name of Program):		66-811	OBIGIO OIG TOWN STON	Williold Macoas	non
Brownfield Cooperative Agree					
2. AREAS AFFECTED BY P City of Goleta	ROJECT (Cities, Counties	, States, etc.):			
3. PROPOSED PROJECT			A A A WO D TO SHOW		
Sian Date:	Ending Date:		14. CONGRESSIONA a. Applicant	L DISTRICTS	b. Project
October 1, 2004	September 30, 2006		23rd California		23rd California
5. ESTIMATED FUNDING;	•				REVIEW BY STATE EXECUTI
			ORDER 12372 PROCI	E & & ?	
. Federal	5	104 793 '		APPLICATION	I/APPLICATION WAS MADE
Federal S		104.783	a. Yes, 🛭 THIS PRE	APPLICATION LE TO THE ST	ATE EXECUTIVE ORDER 1237
. Applicant		- Oti	a. Yes, M THIS PRE AVAILABL PROCESS	APPLICATION	ATE EXECUTIVE ORDER 1237
. Applicant		104,783	a. Yes, 🛭 THIS PRE	APPLICATION LE TO THE ST	ATE EXECUTIVE ORDER 1237
. Applicant .	5	- Oti	a. Yes. A THIS PRE AVAILABL PROCESS DATE:	APPLICATION LE TO THE ST S FOR REVIEV	ATE EXECUTIVE ORDER 1237
. Applicant . State . Local	5	.00	a. Yes. A THIS PRE AVAILABLE PROCESS DATE: b. No. PROGRAI	APPLICATION LE TO THE ST S FOR REVIEV M IS NOT COV	ATE EXECUTIVE ORDER 1237 V ON PERED BY E. O. 12372
. Applicant	5	.00	a. Yes. A THIS PRE AVAILABLE PROCESS DATE: b. No. PROGRAI OR PROG	APPLICATION LE TO THE ST S FOR REVIEV M IS NOT COVERAM HAS NO	ATE EXECUTIVE ORDER 1237 V ON PERED BY E. O. 12372 T BEEN SELECTED BY STAYE
Applicant State Local Other Program Income	5 6 6 6	.00	a. Yes. A THIS PRE AVAILABLE PROCESS DATE: b. No. PROGRAI OR PROG	APPLICATION LE TO THE ST S FOR REVIEV M IS NOT COVERAM HAS NO	ATE EXECUTIVE ORDER 1237 V ON PERED BY E. O. 12372 T BEEN SELECTED BY STATE
. Applicant	5 6 6 6		a. Yes. A THIS PRE AVAILABLE PROCESS DATE: b. No. PROGRAI OR PROG FOR REV 17. IS THE APPLICAN	APPLICATION E TO THE ST S FOR REVIEV M IS NOT COV SRAM HAS NO IEW NT DELINQUE	ATE EXECUTIVE ORDER 1237 VON PERED BY E. O. 12372 T BEEN SELECTED BY STAYE NT ON ANY FEDERAL DEBT?
Applicant State Local Other Program Income TOTAL B. TO THE BEST OF MY KNO	S S S S S S S S S S S S S S S S S S S	104,763 'ALL DATA IN THIS AP	a. Yes. THIS PRE AVAILABLE PROCESS DATE: b. No. PROGRAI POR PROG FOR REV 17. IS THE APPLICAN Yes If "Yes" attach	APPLICATION LE TO THE ST S FOR REVIEW M IS NOT COVERAM HAS NO LEW AND DELINQUE AN EXPLANATION ARE TO	ATE EXECUTIVE ORDER 123: VON VERED BY E. O. 12372 T BEEN SELECTED BY STAYE NT ON ANY FEDERAL DEBT? I. Ø No RUE AND CORRECT. THE
Applicant State Local Other Program Income TOTAL S. TO THE BEST OF MY KNO DCUMENT HAS BEEN DULY	OWLEDGE AND BELIEF,	104,783 ALL DATA IN THIS AP	a. Yes. THIS PRE AVAILABLE PROCESS DATE: b. No. PROGRAI POR PROG FOR REV 17. IS THE APPLICAN Yes If "Yes" attach	APPLICATION LE TO THE ST S FOR REVIEW M IS NOT COVERAM HAS NO LEW AND DELINQUE AN EXPLANATION ARE TO	ATE EXECUTIVE ORDER 123' VON VERED BY E. O. 12372 T BEEN SELECTED BY STAYS NT ON ANY FEDERAL DEBT? I. Ø No RUE AND CORRECT. THE
Applicant State Local Other Program Income TOTAL S. TO THE BEST OF MY KNO COUMENT HAS BEEN DULLY TACHED ASSURANCES IF Authorized Representative	OWLEDGE AND BELIEF, AUTHORIZED BY THE C	104,783 ALL DATA IN THIS AP	a. Yes. THIS PRE AVAILABLE PROCESS DATE: b. No. TO PROGRAI TO R PROG FOR REV 17. IS THE APPLICAN THIS PRE AVAILABLE PROCESS OR PROGRAI FOR REV 17. IS THE APPLICAN THE APPLICANT AND	APPLICATION LE TO THE ST S FOR REVIEW M IS NOT COVERAM HAS NO LEW NT DELINQUE An explanation CATION ARE THE APPLICA	ATE EXECUTIVE ORDER 123' VON VERED BY E. O. 12372 T BEEN SELECTED BY STAYS NT ON ANY FEDERAL DEBT? I. Ø No RUE AND CORRECT. THE
Applicant State Local Other Program Income TOTAL STOTHE BEST OF MY KNO COUMENT HAS BEEN DULLY TTACHED ASSURANCES IF Authorized Representative	OWLEDGE AND BELIEF,	104,783 ALL DATA IN THIS AP	a. Yes. THIS PRE AVAILABLE PROCESS DATE: b. No. PROGRAI POR PROG FOR REV 17. IS THE APPLICAN Yes If "Yes" attach	APPLICATION LE TO THE ST S FOR REVIEW M IS NOT COV SRAM HAS NO LEW NT DELINQUE An explanation CATION ARE T THE APPLICA	ATE EXECUTIVE ORDER 123' VON VERED BY E. O. 12372 T BEEN SELECTED BY STAYS NT ON ANY FEDERAL DEBT? I. Ø No RUE AND CORRECT. THE
Applicant State Local Other Program Income TOTAL STOTHE BEST OF MY KNO DOUMENT HAS BEEN DULY TACHED ASSURANCES IF Authorized Representative refix r.	OWLEDGE AND BELIEF, AUTHORIZED BY THE C	104,783 ALL DATA IN THIS AP	a. Yes. THIS PRE AVAILABLE PROCESS DATE: b. No. PROGRAI OR PROG FOR REV 17. IS THE APPLICAN Ves If "Yes" anach PLICATION/PREAPPLIC THE APPLICANT AND	APPLICATION LE TO THE ST S FOR REVIEW M IS NOT COV SRAM HAS NO LEW NT DELINQUE An explanation CATION ARE T THE APPLICA	ATE EXECUTIVE ORDER 123' VON VERED BY E. O. 12372 T BEEN SELECTED BY STAYS NT ON ANY FEDERAL DEBT? I. Ø No RUE AND CORRECT. THE
Applicant State Local Other Program Income TOTAL B. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF, AUTHORIZED BY THE C	104,783 ALL DATA IN THIS AP	a. Yes. THIS PRE AVAILABLE PROCESS DATE: b. No. PROGRAI POR PROG FOR REV 17. IS THE APPLICAN Yes If "Yes" attach PLICATION/PREAPPLIC THE APPLICANT AND Middle I Charle Suffix	APPLICATION LE TO THE ST S FOR REVIEW M IS NOT COV SRAM HAS NO LEW AN EXPLANATION CATION ARE T THE APPLICA Name S	ATE EXECUTIVE ORDER 1237 VON VERED BY E. O. 12372 T BEEN SELECTED BY STAYE NT ON ANY FEDERAL DEBT? I. Ø No RUE AND CORRECT. THE NT WILL COMPLY WITH THE
Applicant State Local Other Program Income TOTAL STOTHE BEST OF MY KNO CUMENT HAS BEEN DULY TTACHED ASSURANCES IF Authorized Representative refix asst Name touder	OWLEDGE AND BELIEF, AUTHORIZED BY THE C	104,783 ALL DATA IN THIS AP	a. Yes. THIS PRE AVAILABLE PROCESS DATE: b. No. PROGRAI PROR PROG FOR REV 17. IS THE APPLICAN Yes If "Yes" attach PLICATION/PREAPPLIC THE APPLICANT AND Middle Charle Suffix c. Telep	APPLICATION LE TO THE ST S FOR REVIEV M IS NOT COV GRAM HAS NO LEW NT DELINQUE an explanation CATION ARE T THE APPLICA Name S shane 61-7501	ATE EXECUTIVE ORDER 1237 VON VERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? I. ED NO RUE AND CORRECT. THE NT WILL COMPLY WITH THE

xhibit	8	(a)
Vers	sio	n 7/03

APPLICATION FOR		O DATE CUDMITTED		Applicant Ident	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED 07/22/2004			Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application	on Identifier	
✓ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identifi	er	
Non-Construction	Non-Construction		•			
5. APPLICANT INFORMATION						
Legal Name:	poly []	E IN E IN	Organizational L Department:	Jnit:		
Accessible Space, Inc.	FIE	E U U E MILL				
Organizational DUNS: .03-747-4970		And the second s	Division:			
Address:		2 3 2004			son to be contacted on matters	
Street:	JUL JUL	23	involving this ap Prefix:	oplication (give area First Name:	a code)	
2550 University Avenue, Suite 3	30N	1.81100	Mr.	Stephen		
City: St. Paul	ATT CI	FARING HUUVE	Middle Name			
County:	SIME	and the second s	Last Name Vander Schaaf			
Ramsey State:	Zip Code		Suffix:			
Minnesota	55114					
Country: U. S. A.			Email: svanderschaaf@	accessiblespace.org		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g	give area code)	Fax Number (give area code)	
41-1330242			(651) 645-7271		(651) 645-0541	
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See back	of form for Application Types)	
V New		n 🔲 Revision	O. Not for Profit 0	Organization		
If Revision, enter appropriate lette (See back of form for description			Other (specify)			
Other (specify)		Lanced		DERAL AGENCY: t of Housing and Urb	an Development	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLIC	CANT'S PROJECT:	
		1 4 - 1 8 1			Development, a 15 unit, fully	
TITLE (Name of Program):	while Disabilities '		accessible aparti	ment building for adu	Its with physical disabilities.	
Supportive Housing for Persons 12. AREAS AFFECTED BY PRO		States etc.):	(14 - one bedroo	m and 1 - two bedroo	om)	
Poway, San Diego County, Calif	•	, craice, crain.				
13. PROPOSED PROJECT			14. CONGRESSI	ONAL DISTRICTS O	DF:	
Start Date:	Ending Date:		a. Applicant		b. Project	
10/01/2004	10/01/2005		MN 04	1	CA 52 REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 PF	ROCESS?		
a. Federal \$		1,893,400			APPLICATION WAS MADE TE EXECUTIVE ORDER 12372	
b. Applicant \$		10,000	PRO	CESS FOR REVIEW	ON	
c. State \$.00	DATE	E: July 22, 2004		
d. Local \$.00	b. No. 🔲 PRO	GRAM IS NOT COVI	ERED BY E. O. 12372	
e. Other \$.00	8 8	ROGRAM HAS NOT	BEEN SELECTED BY STATE	
f. Program Income \$.00			IT ON ANY FEDERAL DEBT?	
g. TOTAL \$		1,903,400	☐ Yes If "Yes" a	ttach an explanation.	. Vo	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, AUTHORIZED BY THE	ALL DATA IN THIS APPI GOVERNING BODY OF T	LICATION/PREAF HE APPLICANT /	PPLICATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF T						
a. Authorized Representative Prefix Mr.	First Name Stephen		Mi	ddle Name		
Last Name Vander Schaaf	Сорпон		Su	ıffix		
b. Title President/CEO				Telephone Number (give area code)	
d. Signature of Authorized Repre	sentative		e.	51) 645-7271 Date Signed		
Provious Edition Heable			07	7/20/2004	Standard Form 424 (Rev 9-2003)	

(Package revised			1			on 7/03
APPLICATION			2. DATE SUBMITTED		pplicant Identifier	
FEDERAL ASS			3. DATE RECEIVED BY STA	\TE	State Application I	In the second
Application			O. DATE RECEIVED BY STA		State Application Id	Jenune:
☐ Construction ☐ Non-Construction	n Preapp	lication nstruction	4. DATE RECEIVED BY FEE	DERAL AGENCY	Federal Identifier	······································
5 40011041171111	No	n-Construction				
5. APPLICANT IN Legal Name:	FORMATION			Organizationa	I I Init.	
San Diego Cou	unty Regional	Airport Autho	rity		Airport Planning	
			de Activities (Activities (Act			
Organizational DUNS:	T 6	R F N W		Division: Stra	tegic Planning	
Address:		O L	V L		phone number of perso	
Street: P.O. Box 82	776			matters involv	ing this application (gi	· ·
	Approximation of the state of t	JUL 2 3 200	4 [Prefix: Mr.	First Name: Te	d
City: San Diego				Middle Name:		
County: San Diego	STATE	OFARMG	HOUSE	Last Name: Ar	nasis	
State: California	Aggregation by the second state of the second	Zip Code: 92138 -	2776	Suffix: AICP		
Country : USA				Email: tanasis@	⊋san.org	
6. EMPLOYER IDENTIF	O 1 9 7	0 0		Phone number (giv	e area code): 0) 400-2478	FAX number (give area code): (619) 400-2458
8. TYPE OF APPLICA	TION:			1	•	form for Application Types)
N N	ew Contin	uation	on.	N	•	
If Revision, enter appro					Airport Authority	
(See back of form for d		i.(es).				rport Authority is a
1				local govern	iment entity of reg	ional government.
Other (specify)						
					EDERAL AGENCY ation Administration	
10. CATALOG OF I	FEDERAL DOME	STIC ASSISTANC	E NUMBER		IVE TITLE OF APPLICA	
		2 0 -	1 0 6	Update of th	e Airport Master P	lan for San Diego
TITLE: Airport Improv	ement Program			Internationa	I Airport :	•
12. AREAS AFFEC	TED BY PROJEC	T (cities counties st	ates etc.):	-		
San Diego Cou		· · (onics, counties, sa	3100, 010./.			
13. PROPOSED PR	OJECT				SIONAL DISTRICTS OF	
Start Da	ite	. End	ding Date	a. Applicant 53		b. Project 49-53
15. ESTIMATED FU	NDING				ATION SUBJECT TO RE	
F-1I	La		0.000 .000	⊣	DER 12372 PROCESS	
a. Federal	\$	90	0,000		S PREAPPLICATION/APPL AILABLE TO THE STATE EX	
b. Applicant	\$	30	00,000	PRO	DCESS FOR REVIEW ON	
c. State	\$	· · · · · · · · · · · · · · · · · · ·	.00	DAT	E: July 21, 2004	
d. Local	\$	1 .	.00.]	OGRAM IS NOT COVERED	BY E. O. 12372
e. Other	\$.00		PROGRAM HAS NOT BEEI VIEW	SELECTED BY STATE FOR
f. Program income	\$.00	 	ICANT DELINQUENT ON	ANY FEDERAL DEBT?
g. TOTAL	\$		0,000 .00	Yes If "Yes" at		⊠ No
DOCUMENT HAS BE ATTACHED ASSURA	EN DULY AUTH ANCES IF THE A	ORIZED BY THE (SOVERNING BODY OF	PPLICATION/PRE F THE APPLICAN	APPLICATION ARE TR T AND THE APPLICAN	UE AND CORRECT, THE FWILL COMPLY WITH THE
a. Authorized RepresentPrefix Mr.		Name Variation			LE LUI NO D	
Last Name Evans	First	Name Vernon			Middle Name D.	
	dent/CFO, Sa	n Diego Coun	ty Regional Airpo	rt Authority	c. Telephone number (give area code)
d. Signature of Author	ized Representat	ise			(619) 400-2444 e. Date Signed "7/	
Dem	s- U	wow			e. Date Signed	20104

EEDELAL ASSISTANCE	g-m.	A DATE OUDIER			Version 7/0
"FEDERAL ASSISTANC	E	2. DATE SUBMITTED		Applicant Ide	entifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	ation Identifier
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Iden	tifier
X Non-Construction	Non-Construction		:		
5. APPLICANT INFORMATION Legal Name:	<u>V</u>	~		·	
COUNTY OF KERN		•	Organizational Uni Department:		HERIFF'S DEPARTMENT
Organizational DUNS:	011050		Division:	·	
Address:	811350		RURAL		ESTIGATION UNIT
Street: 1115 TRUXTUN	AVENUE	·	involving this appli	ication (give are First Name:	
City: DAVED CETTED				Thoursaine.	LIZ
County:			Middle Name Last Name		
KERIN	-		MON.	EY	
State: CA	Zip Code 93301	• • • • • • • • • • • • • • • • • • • •	Suffix:		
Country: UNITED STATE			Email: money@co	o.kern.ca.	us
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
95 - 600092	5		661-391-770	61	661-391-7515
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
权 New f Revision, enter appropriate let	w Continuation	n 🔲 Revision		В	
See back of form for description	of letters.)	П	Other (specify)		
Other (specify)			9. NAME OF FEDER	AL AGENCY: JRAL DEVEL	ОРМЕМТ
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T		
		10-766	CHIDWETTTAN	JOE FOUTOM	ENT FOR SHERIFF'S
TITLE (Name of Program): CO	OMMUNITY FACILI	TIES GRANT			GATION UNIT
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	. States. etc.):	-		OHILON OHIL
Unincorporated Kern			e to		
13. PROPOSED PROJECT	19 Dave Toanell	a, weedpacen	14. CONGRESSION	AL DISTRICTS (DE-
Start Date:	Ending Date:	0.105	a. Applicant	•	b. Project
9/1/04 15.ESTIMATED FUNDING:	6/3	0/05	22nd		22nd
		: 00	ORDER 12372 PROC	ESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$	45,00	0 .	a. Yes. AVAILAB	EAPPLICATION LE TO THE STA	APPLICATION WAS MADE TE EXECUTIVE ORDER 12372
b. Applicant \$	Th5,00	0	PROCES	S FOR REVIEW	ON
c. State	EIVED"	.00	DATE:	7/22/04	
	L 26 2004		D. 140. Mari		ERED BY E. O. 12372
e. Other \$		•	OR PROC	GRAM HAS NOT	BEEN SELECTED BY STATE
f. Program Income STATE	CLEARING HOUSE	.00			IT ON ANY FEDERAL DEBT?
g. TOTAL \$	60,00		☐ Yes If "Yes" attach		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (SOVERNING BODY OF T	LICATION/PREAPPLI HE APPLICANT AND	CATION ARE THE APPLICAN	RUE AND CORRECT. THE IT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name Will	у	Middle	Name	
Last Name Wah	n1		Suffix		
. Title Chief De	puty	//	c. Telep	phone Number (c	uve area code) 77 / 1
I. Signature of Authorized Repre-	Sentative	6111		Signed 67	127/184
Previous Edition Usable Authorized for Local Reproduction	1				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identif	Version 7/
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Application	n Identifier
☐ Construction	☐ Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifie	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit:		
COUNTY OF KERN			Department:	FF'S DEPART	MFNT
Organizational DUNS:	3811350		Division:		· · · · · · · · · · · · · · · · · · ·
Address:			Name and telephone	WEAPONS & number of person	on to be contacted on matters
Street: 1115 TRUXTUN	AVENUE		involving this applic	ation (give area o	ode)
City:				First Name:	KEITH
BAKERSFIELD	<u> </u>		Middle Name		
County: KERN			Last Name NELS	ON	
State: CA	Zip Code 93301		Suffix:		
Country: UNITED STATE	<u> </u>		Email:	co.kern.ca.	
6. EMPLOYER IDENTIFICATIO			Phone Number (give a		us x Number (give area code)
95-6000925			661-391-760		661-391-7515
B. TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See back of	form for Application Types)
Revision, enter appropriate lette See back of form for description	er(s) in box(es)	n 🔲 Revision	Other (specify)	В	
Other (specify)		e leed on the second of the se	9. NAME OF FEDERA	L AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TIT	TE OF APPLICAN	IT'S DDO IECT.
TITLE (Name of Program): C 12. AREAS AFFECTED BY PRO	OMMUNITY FACIL			A Section 1985	HERIFF'S SWAT TEAM
UNINCORPORATED KERN	, LAKE ISABÉLL	A, BODFISH			
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIONAL		
7/1/04	6/30/0	05	a. Applicant 22nd		Project 22nd
15. ESTIMATED FUNDING:			16. IS APPLICATION S ORDER 12372 PROCE	SUBJECT TO REV	/IEW BY STATE EXECUTIVE
a. Federal \$ b. Applicant \$	7,875	00	a. Yes. THIS PRE	APPLICATION/API E TO THE STATE	PLICATION WAS MADE EXECUTIVE ORDER 12372
State \$_	HECEIVE	ED w		FOR REVIEW ON	.
d. Local \$	111 9 6 7	J04 .ºº	DATE:	7/22/04	TO DIAM
e. Other	JUL 2 6 20	, w	0.110. 1		D BY E. O. 12372
	STATE CLEARING	1 .	FOR REVII	EW	EN SELECTED BY STATE
	STATE CLEATING		17. IS THE APPLICAN	T DELINQUENT C	N ANY FEDERAL DEBT?
j. TOTAL \$	10,500	.00	☐ Yes If "Yes" attach a	an explanation.	⊠ No
8. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF TH	UTHURIZED BY THE G	SOVERNING BODY OF T	LICATION/PREAPPLIC HE APPLICANT AND T	ATION ARE TRUE HE APPLICANT V	AND CORRECT. THE VILL COMPLY WITH THE
n. Authorized Representative Prefix	First Name		Middle N	lame	
ast Name	Willy Wahl		Suffix	···	•
Title Chief	Wah1		c. Teleph	none Number (give	area code)
Chief Signature of Authorized Represe			e. Date 5	661-391-777	1
•	Lul	Lu I Wa	V C. Date S	07	22-06/
revious Edition Usable uthorized for Local Reproduction		. -			andard Form 424 (Rev.9-2003) scribed by OMB Circular A-102

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE	E	2. DATE SUBMITTED July 22, 2004		Applicant Ide	ntifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED E	BY STATE	State Applica	ation Identifier
Application	Pre-application	4. DATE RECEIVED E	BY FEDERAL AGENC	Y Federal Iden	tifier
Construction	Construction	T, DATE RECEIVED I	,,		
Non-Construction 5. APPLICANT INFORMATIO	Non-Construction				
Legal Name:			Organizational U	nit:	
Elderly Housing Development	and Operations Corporat	ion			
Organizational DUNS: 149518453			Division:		
Address:			Name and teleph	one number of p	erson to be contacted on matters
Street: 1580 Sawgrass Corporate Par	kway Suite 210		Prefix:	plication (give are First Name:	ea code)
			Ms.	Jennifer	
City: Fort Lauderdale			Middle Name E.		
County: Broward			Last Name Wintner		
State: FL	Zip Code 33323		Suffix:		
	33323		Email:		
Country: USA			jenwintner@aol.c		Fax Number (give area code)
6. EMPLOYER IDENTIFICATI			Phone Number (gi 216-932-4443	ve area code)	216-932-4463
65-066500	9			ICANT: /Coc.boo	ck of form for Application Types)
8. TYPE OF APPLICATION:	(*****)	1 - · ·		ICANT: (See bac	or of fortifior Application Types)
√ Νε f Revision, enter appropriate le	ew Continuatio etter(s) in box(es)	n 🛭 Revision	O (nonprofit)		
See back of form for descriptio	n of letters.)		Other (specify)		
Other (specify)		اسسا	9. NAME OF FED	ERAL AGENCY:	
10. CATALOG OF FEDERAL	DOMECTIC ACCICTANC	SE NUMBER:	HUD 11 DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:
TITLE (Name of Program): Section 202 12. AREAS AFFECTED BY PR	ROJECT (Cities, Counties	1 4 - 1 5 7 s, States, etc.):	60 unit 202 housir	g for low-income s	JUL 2 6 20
Fontana, San Bernardino, CA		y	14 00110050010	NAL DISTRICTS	
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIC		b. Project TATE CLEARING HO
9/05	9/06		20		43 SLEARING HI
15. ESTIMATED FUNDING:			ORDER 12372 PR	OCESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$		6,045,000	a. Yes. AVAII	PREAPPLICATION	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$.00	/ / / / / /	ESS FOR REVIEW	
s. Approant		10,000	DATE:		
5. 61516				DAMAIC NOT COL	/FDFD DV E \ 0.10070
d. Local \$		•	b. No. ILI		/ERED BY E. O. 12372
e. Other \$.00		OGRAM HAS NO EVIEW	T BEEN SELECTED BY STATE
. Program Income \$.00	17. IS THE APPLI	CANT DELINQUE	NT ON ANY FEDERAL DEBT?
a. TOTAL \$		00	 Yes If "Yes" atta	ach an explanation	ı. 🛭 🗸 No
18. TO THE BEST OF MY KNO	IN EDGE AND BELLEE	6,055,000			
OCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT A	ID THE APPLICA	NT WILL COMPLY WITH THE
TTACHED ASSURANCES IF	THE ASSISTANCE IS AV	VARDED.			
. Authorized Representative	First Name Steve		Midd	lle Name	
Jenx			1		
	Steve		Suff	X	
ast Name Protulis	Steve				(give area code)
ast Name Protulis Title executive director	0		c. Te	elephone Number -835-9200	(give area code)
Prefix Ar. Jest Name Protulis Title executive director Signature of Authorized Rights	0		c. Te	elephone Number -835-9200 ate Signed	(give area code) Standard Form 424 (Rev.9-2003)

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED July 14, 2004 3. DATE RECEIVED BY STATE		Applicant Identifier State Application Identifier			
						Application Construction	Pre-application Construction
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION	V	al la company de					
Legal Name:	i Opposetuni	tica Commissio	Organizational Unit:				
Fresno County Econ		cres commissio					
Organizational DUNS: 07-8		Division:					
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)				
Street: 1920 Mariposa	800	Prefix: First Name:					
City: Fresno			Mr. Paul Middle Name				
County: Fresno			Last Name				
State: California	Zip Code 93721	St	McLain-Lugowski				
Country:	73721		Email:				
USA 6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	W	Phone Number (give a	.mclain-lugowski@fresnoeoc.org (give area code)			
94-1606519	9		559-264-1048	3	559-264-1004		
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)				
■ IX New If Revision, enter appropriate let	ter(s) in box(es)	n 🛮 Revision	Non Profit Community Development				
(See back of form for description	of letters.)		Other (specify) Corporation				
Other (specify)			-ACF/OCS				
10. CATALOG OF FEDERAL Community Economic	DOMESTIC ASSISTANC Development	E NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of 50, 140 sf Neighborhood				
Discretionary Inc.		93-570	Youth Center in the EZ of Fresno, CA. The Economic Opportunities Commission develop,				
TITLE (Name of Program):			Economic Oppo	own and manage this complex, providing			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	, States, etc.):	comprehensive	programm	ning. This project		
	o County		will create 8	35 jobs, w dividuals	ning. This project with 72 filled by		
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	L DISTRICTS (5F: b. Project		
0/30/04	9/30	0/07	19 &	20	19 & 20		
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE		
a. Federal	SEIL/ED-	. 00	ORDER 12372 PROCI	ESS? EAPPLICATION	/APPLICATION WAS MADE		
b. Applicant	CEIVED 700	•	- ~~~	LE TO THE STA S FOR REVIEW	TIL LALGOTTAL ONDLIN 12012		
c. State \$1	JL 2 6 2004 _{,350}	.175	DATE: 3	July 9, 20	004		
d. Local \$. 00	b. No. T PROGRA	M IS NOT COV	ERED BY E. O. 12372		
e. Other STATS	CLEARING HOUSE	.00	OR PROG FOR REV		FBEEN SELECTED BY STATE		
f. Program Income \$.00			T ON ANY FEDERAL DEBT?		
g. TOTAL \$ 6,050,175 · O			Yes If "Yes" attach	an explanation.	. Pi No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF '	PLICATION/PREAPPLIC THE APPLICANT AND	CATION ARE T THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		
a. Authorized Representative Prefix	Middle	Name					
MY.		HAITIG .					
Last Name Palomino				Suffix			
. Title Executive Director				c. Telephone Number (give area code) 559-263-1010			
Signature of Authorized Representative Aforming				e. Date Signed July 14, 2004			
evious Edition Usable Standard Form 424 (Rev 9-2003)							

Previous Edition Usable
Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED)	Applicant Ide	Version 7		
1. TYPE OF SUBMISSION:	T	July 13,	2004				
Application	Pre-application	DATE RECEIVED BY STATE A. DATE RECEIVED BY FEDERAL AGENC		State Applica	ation Identifier		
Construction	☐ Construction			NCY Federal Iden	tifier		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizational	Unit:			
Ward Economic Development Corporation			Department:				
Organizational DUNS: 62-313-2610			Division:				
Address:	***************************************		Name and tele	phone number of p	erson to be contacted on matter		
Street: P. O. Box 77391			involving this application (give area code) Prefix: First Name:				
City: Los Angeles,			Ms. Middle Name	That wante.	Jacque l yn		
County:			Last Name	_			
Los Angeles	Zip Code 90007		Suffix:	upont-Walker			
CA Country:	2ip Code 90007						
USA			,	oontw@aol.co			
6. EMPLOYER IDENTIFICATION			Phone Number		Fax Number (give area code)		
95-4206960 B. TYPE OF APPLICATION:	<u>o</u> l			213-747-1188 213-747-1975			
X Ne	w Continuatio	n TRevision	7. TYPE OF APPLICANT: (See back of form for Application Types)				
Revision, enter appropriate let See back of form for description	ter(s) in box(es)	The Revision	N - Non-Profit Community Development Other (specify) Corporation				
Other (specify)				9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS			
0. CATALOG OF FEDERAL I		CE NUMBER:	11. DESCRIPTIV	VE TITLE OF APPLI	CANT'S PROJECT:		
Community Economic Development 93-570			Enterprise for Humanity, a faith-				
FITLE (Name of Program): P1	rogram				lopment initiative		
2. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	— in South	Los Angele	S		
South Los Ange	eles		INCREMEN	ITAL			
3. PROPOSED PROJECT Start Date:	Ending Date:			IONAL DISTRICTS			
9/30/04	Ending Date: 2/28/06		a. Applicant	35	b. Project		
5. ESTIMATED FUNDING:			16. IS APPLICA	TION SUBJECT TO	35 REVIEW BY STATE EXECUTIVE		
. Federal \$		00	ORDER 12372 P	ROCESS?			
	700 	0,000	_ AVA	ILABLE TO THE STA CESS FOR REVIEV	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
State , 151	ECEIVED	,000		E: July 12, 2			
. Local \$	JUL 2 6 2004	.00			ERED BY E. O. 12372		
. Other \$.00			T BEEN SELECTED BY STATE		
Program Income S3/	ATE CLEARING HO	2525	FOR	REVIEW	NT ON ANY FEDERAL DEBT?		
.TOTAL \$ 850,655 .**			☐ Yes If "Yes" attach an explanation.				
8. TO THE BEST OF MY KNOW DCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF T	WLEDGE AND BELIEF, AUTHORIZED BY THE	ALL DATA IN THIS AP	DICATIONIDDEAD	DI ICATION ADET	DUE AND CORPORATION		
Authorized Representative	First Name						
MS.	First Name Jacq	quelyn	Mi	ddle Name			
ast Name Dupont-Walker			Su	Suffix			
Title President			c.	c. Telephone Number (give area code) 213-747-1188			
Signature of Authorized Representative			e. Date Signed July 13, 2004				
evious Edition Usable	117	1		5 4 1 7	Standard Form 424 (Rev.9-2003		

APPLICA	TION FOR				C	OMB Approval No. 0348	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
		3/30/04					
1. TYPE OF SU	JBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identif	ier	
Application		Preapplication		u ay dipidan minininkalahay pagkar a aharahay ing karing sayah sambagan kilansin dipaggay sayahay ay kanaya s			
Constru		Construction	4. DATE RECEIVED BY FEDERAL AG		Federal Identifier		
Non-Con	ISTRUCTION INFORMATION	Non-Construction	Д муста из маналам на опоснование местум он на неститив в вычеститать для эмерического следают в неститивности	THE COLUMN			
Legal Name:	HALOKHALION			Organizational Unit:			
	ican Ame ± c	an Farmers of Ca	alifornia	organizational onic			
Address (give o	city, county, State	, and zip code):	avadarimitorida vetaro investitano cirra o vene van donoma amanino indicioni inconsideri in investibili contradi	Name and telephone r	number of person to be or	ontacted on matters inv	
3343	S Walnut A	ve		this application (give ar	area code)		
and				Joanne Po	well (559) 442	-0267	
Commence and the commence of t	o, CA 9370					Biddylatona [†] erifes nis proposa positional met estantidad invaries adalatet filmen interestetunis estantiona estantiona e	
6. EMPLOYER	0527475		OONS #	7. TYPE OF APPLICA	NT: (enter appropriate le	tter in box)	
		148	3224921	A. State	H. Independent School I	Dist.	
8. TYPE OF AP	PLICATION:			1	I. State Controlled Institu	ition of Higher Learning	
Marie de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de	New	∨ ☐ Continuation	Revision	C. Municipal	J. Private University		
If Revision ente	er appropriate lett	or(e) in hov(ee)			K. Indian Tribe L. Individual		
in iterision, ente	si appropriate iett	er(a) in poy(ea)	-		M. Profit Organization		
A. Increase A	ward B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify) Non	Profit	
D. Decrease I	Ouration Other(specify):		· ·	, , , , , , , , , , , , , , , , , , , ,		
				9. NAME OF FEDERA	L AGENCY:		
(APPARAMENTAL) TO A CONTRACTOR OF THE APPARAMENT AND A CONTRACTOR OF THE APPARAMENT AN	ti Plantak deniri birka anganiran inga patany makan nakan emberananan bak	элемікай імперація інформація пості бант така пробастає под до этом негости образі інто на центо поможно інста	istoria a sum a manima branka provincia (con promo	USDA Rural	Development		
	(Marions Niversenton non simon scorenza e mastros e sido e monte de composito de co				The C	SCIVED	
10. CATALOG	OF FEDERAL DO	DMESTIC ASSISTANCE NU	MBER:	11. DEŚĆŚJĘTIVEJITE	LE OFTAPPEIDE	POLECTY L. L.	
The second secon			10 - 769		١١		
TITLE	Purol Buc	iness Enterprise	Crant	Training	Program Jl	JL 2 6 2004	
		JECT (Cities, Counties, Stat			1		
		, , , , , , , , , , , , , , , , , , , ,	20, 210.,1		STATE	CLEARING HOUSE	
Fresno	Californi	a (County)				JELAIIII O 1000E	
13. PROPOSED	PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:				
Start Date	Ending Date	a. Applicant		b. Project	oniamiana pamana maginina ana maginina ana ana ana ana ana ana ana ana an		
04/04	04/05	20		19, 20			
15. ESTIMATED	FUNDING:			16. IS APPLICATION S	SUBJECT TO REVIEW E	Y STATE EXECUTIVE	
				ORDER 12372 PRO	DCESS?		
a. Federal		\$ 50,000	.00		manak kana a menumuk kika majanuk kana a men	O111110 D 111 F	
b. Applicant		\$	00		PPLICATION/APPLICATI TO THE STATE EXECU		
b. Applicant		Ψ	•		OR REVIEW ON:	TIVE ONDER 12372	
c. State	e en la mentra estrició de la listín promita a usa en arguno la infrança (no en el financia indició de aporte de que		00				
and to a mark			60	DATE	an conselución de la come come come come conservador material de la come de la come mano come.		
d. Local		\$		h No TI PROGRAM	M IS NOT COVERED BY	E O 12372	
e. Other		\$	00		RAM HAS NOT BEEN SI		
Matchin	10	23,224	·	FOR REVI			
f. Program Incom	_	\$	00				
-				17. IS THE APPLICANT	T DELINQUENT ON ANY	FEDERAL DEBT?	
g. TOTAL		\$ 70.007	.00	Yes If "Yes," at	tach an explanation.	ŽŤ No	
18. TO THE RES	T OF MY KNOW	73,224 /LEDGE AND BELIEF, ALL	DATA IN THIS APPLIC	ATION/PREAPPLICATION	ON ARE TRUE AND CO	RRECT. THE	
		AUTHORIZED BY THE GOV					
ATTACHED AS	SURANCES IF T	HE ASSISTANCE IS AWAR	DED.				
, ,	Authorized Repre	esentative t	o. Title	G	. Telephone Number	300	
1.14 7 7	Contt	1	Procident	1	(559) 442-18	KU K	

e. Date Signed

APPLICATION FOR				OMD, Applotal No. 66.16.16			
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier			
		JULY 1	9, 2004				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier			
<u>Application</u>	Preapplication						
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier			
☐ Non-Construction	X Non-Construction						
5. APPLICANT INFORMATION			T=				
Legal Name: RIO HONDO COMMUN	ITY DEVELOPMENT	CORPORATION	Organizational Unit:				
Address (give city, county, State, and zip code):			Name and telephone number of person to be contacted on matters involving				
11401 VALLEY BOULEVARD SUITE 201 EL MONTE, CALIFORNIA 91731 LOS ANGELES COUNTY USA			this application (give area code) fax: (626) 401-2778 DONNA DUNCAN (626) 401-2784				
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)			
0 11 - 0 7 4 0		: 14-538-0536					
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning			
X New	√	Revision	C. Municipal	J. Private University			
<u>IX</u>] New	Continuation	L Itevision	D. Township K. Indian Tribe				
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate L. Individual				
	<u> </u>	l L	F. Intermunicipal	M. Profit Organization			
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District				
D. Decrease Duration Other(s	specify):			Development Corporation			
			9. NAME OF FEDERA	AL AGENCY:			
			DH	HHS - ACF/OCS			
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:			
	. [9 3 — 5 7 0	D1				
	Ĺ		ning grant for a				
CSBG TITLE: COMMUNITY			<u>⊮</u> commercia	al real estate project			
12. AREAS AFFECTED BY PRO EL MONTE, LOS AN				PRIORITY AREA- PP			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS						
Start Date Ending Date	a. Applicant		b. Project				
1	CA 34	тн	D. 1 Toject				
10/1/04 9/30/05 15. ESTIMATED FUNDING:	011 51	1 111	16 IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE			
	I.	00	ORDER 12372 PF				
a. Federal OCS	75.00	•	A VEG THIS DDE	APPLICATION/APPLICATION WAS MADE			
OCS 75,000 b. Applicant \$.00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372				
c. State	\$.00	PROCESS	FOR REVIEW ON:			
d. Local	SHECEIVE	ED	DATE	JULY 15, 2004			
. 2004.			b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372			
e. Other	s JUL 2 6 20	04 .00	OR PROGRAM HAS NOT BEEN SELECTED BY STA				
f. Program Income	STATE CLEARING H	louse .ºº	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	1\$. 00	-				
75,000 Tes in Yes, attach an explanation.			-				
				TION ARE TRUE AND CORRECT, THE			
1			IE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE			
ATTACHED ASSURANCES IF				T Table Name			
a. Type Name of Authorized Rep	resentative	b. Title	and the second second	c. Telephone Number			
d. Signature of Authorized Repre		A. B. Marine and J. J. S. C.	morning to g	e. Date Signed			
11/11/11/10 5	KIND II A.			I TIES IN I			

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED JULY 19, 2004		Applicant Identifier			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier			
Application Construction	Pre-application Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
X Non-Construction							
5. APPLICANT INFORMATION Legal Name:			Granizational Unit				
TEMPLO CALVARIO	COMMUNITY DEVI	TLOPMENT CORP	Organizational Unit: Department:				
OIndianal Division	892-4241	SECTION OUNT.	Division:				
Address:			Name and telephon	o number of no	rean to be contacted on matters		
Street:			Name and telephone number of person to be contacted on matters involving this application (give area code)				
2511 WEST 5TH STREET			Prefix: REV. First Name: LEE				
City: SANTA ANA			Middle Name				
County: ORANGE			Last Name DE I	EON			
State: CALIFORNIA	Zip Code 92703		Suffix:				
Country: USA		***************************************	Email: lee@	tccdc.org			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)		
77-0601589			(714) 543-		(714) 543-2399		
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)		
X New		Revision	O. NOT FOR	PROFIT O	RGANIZATION		
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es) of letters.)		Other (specify) COM	MUNITY DE	VELOPMENT (faith-based)		
Other (specify)	LJ	L	9. NAME OF FEDER	AL AGENCY:			
				IS-ACF/OCS			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC		11. DESCRIPTIVE T	TILE OF APPLI	CANT'S PROJECT:		
		93-570	HOME HEAL	TH CARE V	ENTURE		
TITLE (Name of Program): CSBG COMMUNITY EC	ONOMIC DEVELO	PMENT PROGRAM					
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	, States, etc.):		Priority	Area - IDP		
SANTA ANA, ORANGE	COUNTY, CALI	FORNIA		_			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS			
Start Date: 10/1/04	Ending Date: 9/30	/07	a. Applicant CA 4	6ТН	b. Project CA 46TH		
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE		
a. Federal OCS \$	500,00		ORDER 12372 PROC	EAPPLICATION	/APPLICATION WAS MADE		
b. Applicant \$			1 / ** * * * * * * * * * * * * * * * * *	SLE TO THE STA	(1 m m) (m O O 1 1 7 m O 1 m m 1 1 m O 1 m		
c. State \$	100,00	· · · · · · · · · · · · · · · · · · ·	į	July 16,2			
		- 00		•			
d. Local \$			D. NO. 11		ERED BY E. O. 12372		
e. Other. bank line of credit	400,00	0 .	☐ FOR RE	/IEW	F BEEN SELECTED BY STATE		
f. Program Income \$		•	17. IS THE APPLICA	NT DELINQUE	IT ON ANY FEDERAL DEBT?		
g. TOTAL \$	1,000,00	0 .00	☐ Yes If "Yes" attac	h an explanation	. X No		
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF,	ALL DATA IN THIS APP	LICATION/PREAPPL	CATION ARE T	RUE AND CORRECT. THE		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T			THE APPLICANT AND	THE APPLICAL	NT WILL COMPLY WITH THE		
a, Authorized Representative		77 11 120 80 80 1					
Prefix REVEREND	First Name LEE		Middle	Name			
Last Name DE LEON		HECEIVE	Suffix				
D. Title CUT WE EVECUSTUR (ARETORD			c. Telephone Number (give area code) (714) 543-3711				
1. Signature of Authorized Representative					16, 2004		
Previous Edition Usable	1	The state of the s			Standard Form 424 (Rev.9-2003)		
Authorized for Local Reproduction	('	STATE CLEARING	HOUSE		Prescribed by OMB Circular A-102		

FEDERAL ASSISTANCE	_	2. DATE SUBMITTE		Applicant Ide	entifier Royal Pa
Application	Pre-application	3. DATE RECEIVED	BY STATE	State Applica	ation Identifier
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Iden	tifier
Non-Construction	Man Canataustia				
APPLICANT INFORMATION egal Name:					
•			Organizational Unit		
Southern California District Cou	ncil of the Assemblies of	God	Department: Housing		
Organizational DUNS: 054	8-577-19		Division:		
ddress:	91111				
Street: 7951 Cowen	*		Involving this applic	number of p	erson to be contacted on ma
. co i dowait			Prefix:	First Name:	es code)
city: rvine			Mrs.	Julie	
ounty:			Middle Name		
range			Last Name		
tate:	Zip Code		Jordan Suffix:		
Quntry:	92614		Sunix;		
SA			Email:		
EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give ar	an codo'	Cay Number (
25-2022062	,		661-266-2577	on come)	Fax Number (give area code)
TYPE OF APPLICATION:					661-266-3016
D New	Continuation	, —	7. TYPE OF APPLICA	NT: (See back	k of form for Application Types
Revision, enter appropriate lette	r(a) in havean	Revision	N		
ee back of form for description of	of letters.)		Other (specify)		
her (specify)					
• • • • • • • • • • • • • • • • • • • •			9. NAME OF FEDERA US Dept. of HUD	L AGENCY:	
CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TIT	I E OE ABBLU	CANTIE DDO IFOT
TLE (Name of Program):		1 4-1 8 1	acdiniention/uew coustr	uction of 41 un	it apartment for elderly
using for elderly					
AREAS AFFECTED BY PRO	JECT (Cities, Counties,	States, etc.):			
alifornia City, Kern County,CA					
PROPOSED PROJECT			14. CONGRESSIONAL	DISTRICTS	\E.
art Date: -04	Ending Date:		- A		h Project
ESTIMATED FUNDING:	12-05		a. Applicant 47+	' 1	Land
			16. IS APPLICATION S ORDER 12372 PROCE	SUBJECT TO I	REVIEW BY STATE EXECUT
Federal \$		00	THODE		APPLICATION WAS MADE
Applicant JES	FIVED	4,900,918	AVAILABLE	E TO THE STA	TE EXECUTIVE ORDER 123
	,FIVEI	10.000	PROCESS	FOR REVIEW	ON
	Branch H W Decemb Program		ſ		
State REC	Bassams W. Decema Gauge	.00	DATE: 7	- み 2 - 04	
	L 2 6 2004		-		
State 5	L 2 6 2004	00			ERED BY E. O. 12372
State \$		00 00	b. No. T PROGRAM	IS NOT COVE	RED BY E. O. 12372 BEEN SELECTED BY STATE
State \$	L 2 6 2004	00 00	b. No. PROGRAM OR PROGR	IS NOT COVE RAM HAS NOT	BEEN SELECTED BY STATE
State Social State		00 00	b. No. PROGRAM OR PROGR	IS NOT COVE RAM HAS NOT	
State \$		00 00 00	b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT	IS NOT COVE RAM HAS NOT W F DELINQUEN	BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT?
ocal Other TOTAL TO THE BEST OF MY KNOW	LEARING HOUSE	4,910,918	b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT Yes If "Yes" attach a	IS NOT COVE RAM HAS NOT W T DELINQUEN II explanation.	BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT? No
OTAL TO THE BEST OF MY KNOW! CUMENT HAS BEEN DULY AL	LEARING HOUSE	4,910,918 LL DATA IN THIS API	b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT Yes If "Yes" attach a	IS NOT COVE RAM HAS NOT W T DELINQUEN II explanation.	BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT? No
ocal OTAL TO THE BEST OF MY KNOW! UMENT HAS BEEN DULY AU ACHED ASSURANCES IF THE	LEARING HOUSE	4,910,918 LL DATA IN THIS API	b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT Yes If "Yes" attach a	IS NOT COVE RAM HAS NOT W T DELINQUEN II explanation.	BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT? No
ocal Other OTAL TO THE BEST OF MY KNOW! ACHED ASSURANCES IF THI Ultrorized Representative	LEARING HOUSE	4,910,918 LL DATA IN THIS API	b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT Ves If "Yes" attach a PLICATION/PREAPPLICA THE APPLICANT AND TI	IS NOT COVE RAM HAS NOT W T DELINQUEN T explanation. ATION ARE TR HE APPLICAN	BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT? No
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ocal Other OTAL TO THE BEST OF MY KNOW! UMENT HAS BEEN DULY AU ACHED ASSURANCES IF THE ulthorized Representative ix Name	LEDGE AND BELIEF, A JTHORIZED BY THE GO E ASSISTANCE IS AWA	4,910,918 LL DATA IN THIS API	b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT Ves If "Yes" attach a PLICATION/PREAPPLICA THE APPLICANT AND TI	IS NOT COVE RAM HAS NOT W T DELINQUEN T explanation. ATION ARE TR HE APPLICAN	BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT? No
ocal Other To the Best of My Knowl CUMENT HAS BEEN DULY AL ACHED ASSURANCES IF THI Withorized Representative To Name The Best of My Knowl To the Best	LEDGE AND BELIEF, A JTHORIZED BY THE GO E ASSISTANCE IS AWA	4,910,918 LL DATA IN THIS API	b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT Yes If "Yes" attach a PLICATION/PREAPPLICA THE APPLICANT AND TI Middle No.	IS NOT COVE RAM HAS NOT W T DELINQUEN T explanation. ATION ARE TR HE APPLICAN THE APPLICAN THE TR TH THE TR TH	BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT? No RUE AND CORRECT. THE T WILL COMPLY WITH THE
ocal Other To THE BEST OF MY KNOWI CHAS BEEN DULY AU ACHED ASSURANCES IF THI Ultrorized Representative	LEDGE AND BELIEF, A ITHORIZED BY THE GO E ASSISTANCE IS AWA ITST Name James	4,910,918 LL DATA IN THIS API	b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT Yes If "Yes" attach a PLICATION/PREAPPLICA THE APPLICANT AND TI Middle No.	IS NOT COVE AM HAS NOT W T DELINQUEN IN explanation. ATION ARE TR HE APPLICAN TO BE APP	BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT? No RUE AND CORRECT. THE T WILL COMPLY WITH THE

APPLICATION FOR FEDERAL ASSISTANC	F	2. DATE SUBMITTED		Applicant Ide	version 7/03 ntifier Royal Palm 5
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	/ STATE	State Applica	
Application	Pre-application	3. DATE RECEIVED BY	JAIL		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	ifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATIO Legal Name:	N		Organizational Unit:	····	
New Life Assembly of God			Department: Housing		
Organizational DUNS:			Division:		
809-106-222			Name and telephone	number of ne	erson to be contacted on matters
Address: Street:		water the second	involving this applic		
21924 Calhoun Dr.			Prefix: Mrs.	First Name: Julie	
City: California City			Middle Name		A STATE OF THE STA
County:			Last Name Jordan		
Kern State:	Zip Code		Suffix:		
CA Country:	93505		Email:		
USA 6. EMPLOYER IDENTIFICATI	ON NUMBER (FIN):		Phone Number (give a	rea code)	Fax Number (give area code)
			661-266-2577		661-266-3016
96-권12216 8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APPLIC	ANT: (See bad	ck of form for Application Types)
V No	ew 🔲 Continuation	n Revision	N	•	**
lf Revision, enter appropriate le	etter(s) in box(es)	etonie			
(See back of form for description	on or letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER US Dept. of HUD	AL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE T	TLE OF APPL	ICANT'S PROJECT:
		1 4 - 1 8 1	acquisition/new cons	truction of 41 u	ınit apartment for elderly
TITLE (Name of Program):					
housing for elderly 12. AREAS AFFECTED BY P	ROJECT (Cities, Countie	s. States, etc.):			
California City, Kern County,C		-,			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant	d	b. Project
12-04 15. ESTIMATED FUNDING:	12-05		→ かり 16. IS APPLICATION		D REVIEW BY STATE EXECUTIVE
			ORDER 12372 PROC	ESS?	
a. Federal	\$	——4 ₁ 900,918 ·	a. Yes. 🔼 AVAILAE	BLE TO THE ST	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant	ECFIVED	10,000		SS FOR REVIE	
c. State	61-	. 00	DATE:	1-22-04	-
d. Local	\$ JUL 2 6 2004		b. No. PROGRA	AM IS NOT CO	VERED BY E. O. 12372
1	\$.00	☐ OR PRO FOR RE		OT BEEN SELECTED BY STATE
f. Program Income S	SATE CLEARING HO)USE 00	17. IS THE APPLICA	NT DELINQUE	ENT ON ANY FEDERAL DEBT?
9	\$	4,910,918 ·	☐ Yes If "Yes" attac	-	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AND	ICATION ARE THE APPLICATION	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative			F 2		
Prefix	First Name		lMiddle	e Name	

Mr. /Rev Last Name Phil Suffix Owens c. Telephone Number (give area code) 760-373-7813
e. Date Signed 7 - 1 - 0.4 b. Title President

d. Signature of Authorized Representative Previous Edition Usable

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

7-1-04

	CE		2. DATE SUBMITTE	Ø	Applicant l	Versic Versic
1. TYPE OF SUBMISSION:	T		3. DATE RECEIVED	Par American	I Des	ert willow
Application	Pre-applica		1		State Appli	cation Identifier
Construction	Constru	ction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Ide	nkling
Non-Construction 5. APPLICANT INFORMATIO	Non-Con	struction			. 000101100	ridici
Legal Name:	TN .					
Community Action Partnership	Of Kem Inc			Organizational Unit Department:		
Organizational DUMS:				[housing		
\ddress:	-294-7	617		Division:		
Street: 00 19th St.		- \ T	7×111/11	Name and telephon	e number of r	person to be contacted on mate
	1	, HE	CEIVEL	Involving this applic	(Book of	rea code)
lity: lakersfield			A A A	Ms	First Name: Julie	
ounty:		·	IUL 2 6 2004	Middle Name	***	and the second has discussed in the second in the second s
ern talo:				Last Name Jordan		
tale: A	Zip Code 93301	STATE	CICADA			
ountry: SA		- 1/116	CLEARING HOL			
EMPLOYER IDENTIFICATIO	N MIMOED "			Email: phippscarr@hotmail.c	om	• •
96-70-55) Mannack (P	:# V) :	Appendix form	Phone Number (give ar	ea code)	Fax Number (give area code)
95-2402760 TYPE OF APPLICATION:				661-266-2577	,	661-266-3016
B 7	1775			7. TYPE OF APPLICA	NT: (See har	k of form for Application Types)
EVISION ontor remember to the		ntinuation	☐ Revision	N-nor	Drofi	+
e back of form for description	of letters.)	[]	L	Other (specify)	[-,-,-	
ner (specify)						
• • • • • • • • • • • • • • • • • • • •				9. NAME OF FEDERA Dept of HUD	L AGENCY:	
CATALOG OF FEDERAL D	OMESTIC ASS	SISTANCE	NUMBER:	11. DESCRIPTIVE TIT	E OF ARRIVA	
				= Coldrine	CE OF APPLI	CANT'S PROJECT:
Lt: (Name of Decoross).				200thsilion/new constr	andion at his	
hou	15 ing for	- 4100		acquisition/new constru	action of housi	ng for chronically mentally ill
LE (Name of Program): hou	USing for	disal	11 (0)	acquisition/new constru	action of housi	ng for chronically mentally ill
AREAS AFFECTED BY PRO	USING For DJECT (Cities, 1	d(Sal	11 (0)	acquisition/new constru	action of housi	ng for chronically mentally ill
gecrest, Kem, CA PROPOSED PROJECT	USING FOY DJECT (Cities, 1	d(Sal	11 (0)			
gecrest, Kern, CA PROPOSED PROJECT t Date:	Ending Date:	d(Sal	11 (0)	14. CONGRESSIONAL	DISTRICTS	DF:
gecrest, Kern, CA PROPOSED PROJECT 1 Date:	Comes, i	-d(sa) Counties, S	11 (0)	14. CONGRESSIONAL	DISTRICTS O	DF: b. Project
gecrest, Kern, CA PROPOSED PROJECT 1 Date:)4 ESTIMATED FUNDING:	Ending Date:	d(\$a) Counties, \$	11 (0)	14. CONGRESSIONAL a. Applicant J. No. 16. IS APPLICATION S	DISTRICTS O	DF:
gecrest, Kern, CA PROPOSED PROJECT 1 Date: 04 ESTIMATED FUNDING:	Ending Date:	Journes, S	bled (CMI) tates, etc.):	14. CONGRESSIONAL a. Applicant 16. IS APPLICATION S ORDER 12372 PROCES	DISTRICTS O	DF: b. Project ラシnc(REVIEW BY STATE EXECUTIVE
gecrest, Kern, CA PROPOSED PROJECT 1 Date: 04 ESTIMATED FUNDING:	Ending Date:	Journes, S	bled (CMI) Hates, etc.):	14. CONGRESSIONAL a. Applicant 16. IS APPLICATION S ORDER 12372 PROCES a. Yes. M. THIS PREA	DISTRICTS OF THE STATE OF THE S	DF: b. Project APPLICATION WAS MADE TE EVECUTIVE
gecrest, Kern, CA PROPOSED PROJECT t Date:)4 ESTIMATED FUNDING: ederal \$ opticant \$	Ending Date:	Journes, S	1,784,055 8,920	14. CONGRESSIONAL a. Applicant 16. IS APPLICATION S ORDER 12372 PROCES a. Yes. THIS PREA AVAILABLE PROCESS I	DISTRICTS OF THE STATE OF REVIEW	DF: b. Project APPLICATION WAS MADE TE EVECUTIVE
PROPOSED PROJECT 1 Date: 14 ESTIMATED FUNDING: 15 Ederal \$ 15 Experiment \$ 16 Experiment \$ 17 Experiment \$ 18	Ending Date:	Journes, S	bled (CMI) Nates, etc.):	14. CONGRESSIONAL a. Applicant 16. IS APPLICATION S ORDER 12372 PROCES a. Yes. THIS PREA AVAILABLE PROCESS I	DISTRICTS OF THE STATE OF THE S	DF: b. Project APPLICATION WAS MADE TE EVECUTIVE
gecrest, Kern, CA PROPOSED PROJECT 1 Date: 04 ESTIMATED FUNDING: ederal \$ opticant \$ ate \$ secal \$	Ending Date:	Journes, S	1,784,055 8,920	14. CONGRESSIONAL a. Applicant 20 No. 16. IS APPLICATION S ORDER 12372 PROCES a. Yes. THIS PREA AVAILABLE PROCESS I DATE: 7	DISTRICTS OF THE STATE OF REVIEW	DF: b. Project CEVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON
PROPOSED PROJECT 1 Date: 14 ESTIMATED FUNDING: 15 Ederal \$ 15 Experiment \$ 16 Experiment \$ 17 Experiment \$ 18	Ending Date:	Journes, S	1,784,055 8,920	14. CONGRESSIONAL a. Applicant 16. IS APPLICATION S ORDER 12372 PROCESS a. Yes. THIS PREA AVAILABLE PROCESS I DATE: 7- b. No. TO PROGRAM	DISTRICTS OF THE STATE OF REVIEW TO A STATE OF THE STATE	DF: b. Project C. Project C. Project D. Project D
gecrest, Kern, CA PROPOSED PROJECT t Date: 04 ESTIMATED FUNDING: ederal \$ populcant \$ ate \$ beat \$ b	Ending Date:	Journes, S	1,784,055 8,920	14. CONGRESSIONAL a. Applicant Conference of the procession of the	DISTRICTS OF THE STATE OF REVIEW BY TO THE STATE OF REVIEW BY THE STATE OF THE STAT	DE: D. Project D
gecrest, Kern, CA PROPOSED PROJECT 1 Date: 04 ESTIMATED FUNDING: ederal \$ populant \$ ate \$ real \$ popularit \$ grant income \$	Ending Date:	Journes, S	1,784,055 by 8,920	14. CONGRESSIONAL a. Applicant Conference of the procession of the	DISTRICTS OF THE STATE OF REVIEW BY TO THE STATE OF REVIEW BY THE STATE OF THE STAT	DE: D. Project D
gecrest, Kern, CA PROPOSED PROJECT t Date: 04 ESTIMATED FUNDING: ederal \$ opticant \$ ate \$ ocal \$ ther \$ organ income \$ OTAL \$	Ending Date: 12-05	Sources, S	1,784,055 8,920 00 00	14. CONGRESSIONAL a. Applicant 2 16. IS APPLICATION S ORDER 12372 PROCESS a. Yes. THIS PREA AVAILABLE PROCESS I DATE: 7- b. No. PROGRAMI OR PROGRAMI OR PROGRAMI TO THE APPLICANT	DISTRICTS OF THE STATE OF REVIEW AND COVE	DF: D. Project D. Pro
gecrest, Kern, CA PROPOSED PROJECT 1 Date: 04 ESTIMATED FUNDING: Federal \$ Population \$ Populati	Ending Date; 12-05	1	1.784,055 8.920 00 07 792,975	14. CONGRESSIONAL a. Applicant b. Yes. This PROCESSIONAL DATE: 7- b. No. PROGRAM OR PROGRAM OR PROGRAM OR PROGRAM FOR REVIEW THE APPLICANT OR PROGRAM OR P	DISTRICTS OF THE STATE OF REVIEW AND COVERN HAS NOT COVERN DELINQUENT OF THE STATE	DF: D. Project D. Pro
gecrest, Kern, CA PROPOSED PROJECT 1 Date: 04 ESTIMATED FUNDING: Federal \$ Population \$ Populati	Ending Date; 12-05	1	1.784,055 8.920 00 07 792,975	14. CONGRESSIONAL a. Applicant b. Yes. This PROCESSIONAL DATE: 7- b. No. PROGRAM OR PROGRAM OR PROGRAM OR PROGRAM FOR REVIEW THE APPLICANT OR PROGRAM OR P	DISTRICTS OF THE STATE OF REVIEW AND COVERN HAS NOT COVERN DELINQUENT OF THE STATE	DF: D. Project D. Pro
gecrest, Kern, CA PROPOSED PROJECT 1 Date: 04 ESTIMATED FUNDING: ederal \$ popticant \$ popt	Ending Date; 12-05	1	1.784,055 8.920 00 07 792,975	14. CONGRESSIONAL a. Applicant b. Yes. This PROCESSIONAL DATE: 7- b. No. PROGRAM OR PROGRAM OR PROGRAM OR PROGRAM FOR REVIEW THE APPLICANT OR PROGRAM OR P	DISTRICTS OF THE STATE OF REVIEW AND COVERN HAS NOT COVERN DELINQUENT OF THE STATE	DF: D. Project D. Pro
gecrest, Kern, CA PROPOSED PROJECT 1 Date: 04 ESTIMATED FUNDING: ederal \$ opticant \$ oral \$ o	Ending Date: 12-05 LEDGE AND B THORIZED BY E ASSISTANCE rst, Name	1	1.784,055 8.920 00 07 792,975	14. CONGRESSIONAL a. Applicant b. IS APPLICATION S CREET 12372 PROCESS a. Yes. THIS PREA AVAILABLE PROCESS I DATE: 7- b. No. PROGRAM OR PROGRAM OR PROGRAM FOR REVIEW 17. IS THE APPLICANT Wes if "Yes" attach an ICATION/PREAPPLICAT HE APPLICANT AND THE	DISTRICTS OF THE STATE OF REVIEW AND TO THE STATE OF THE	DF: D. Project D. Pro
gecrest, Kern, CA PROPOSED PROJECT 1 Date: 04 ESTIMATED FUNDING: ederal \$ opticant \$ oral \$ o	Ending Date: 12-05 LEDGE AND B THORIZED BY	1	1.784,055 8.920 00 07 792,975	14. CONGRESSIONAL a. Applicant b. Yes. This PROCESSIONAL DATE: 7- b. No. PROGRAM OR PROGRAM OR PROGRAM OR PROGRAM FOR REVIEW THE APPLICANT OR PROGRAM OR P	DISTRICTS OF THE STATE OF REVIEW AND TO THE STATE OF THE	DF: D. Project D. Pro
gecrest, Kem, CA PROPOSED PROJECT 1 Date: 04 ESTIMATED FUNDING: ederal \$ opticant \$ opti	Ending Date: 12-05 LEDGE AND B THORIZED BY E ASSISTANCE rst, Name	1	1.784,055 8.920 00 07 792,975	14. CONGRESSIONAL a. Applicant b. IS APPLICATION S CREET 12372 PROCESS a. Yes. THIS PREA AVAILABLE PROCESS I DATE: 7- b. No. PROGRAM OR PROGRAM OR PROGRAM FOR REVIEW 17. IS THE APPLICANT Wes if "Yes" attach an ICATION/PREAPPLICAT HE APPLICANT AND THE	DISTRICTS OF THE STATE OF REVIEW AND TO THE STATE OF THE	DF: D. Project D. Pro
gecrest, Kem, CA PROPOSED PROJECT 1 Date: 14 ESTIMATED FUNDING: 15 Tederal \$ Tederal	Ending Date: 12-05 LEDGE AND B THORIZED BY E ASSISTANCE rst Name	1	1.784,055 8.920 00 07 792,975	14. CONGRESSIONAL a. Applicant b. No. THIS PREA AVAILABLE PROCESS I DATE: 7- b. No. PROGRAM OR PROG	DISTRICTS OF THE STATE OF REVIEW AND TO THE STATE OF REVIEW AND TO THE STATE OF THE	DF: DEPOSED DEPOSED
gecrest, Kern, CA PROPOSED PROJECT t Date: 14 Date: 14 Date: 15 Date: 16 Date: 16 Date: 17 Date: 18 Depticant 18 Depticant 18 Depticant 19 Depticant 19 Depticant 10 Depticant	Ending Date: 12-05 LEDGE AND B THORIZED BY E ASSISTANCE rst Name	1	1.784,055 8.920 00 07 792,975	14. CONGRESSIONAL a. Applicant b. No. THIS PREA AVAILABLE PROCESS I DATE: 7- b. No. PROGRAM OR PROG	DISTRICTS OF UBJECT TO A SIS? PPLICATION/ TO THE STATE OF REVIEW AND TOVE AM HAS NOT Y DELINQUENT EXPLICANT INDIA ARE TRI E APPLICANT TON ARE TRI E APPLICANT TON ARE TRI E APPLICANT	DF: DEPOSED DEPOSED

APPLICATION FOR				A 1	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	
1. TYPE OF SUBMISSION:	Pro application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	fier
✓ Construction✓ Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATION	NON-CONSTRUCTION		10		
Legal Name:			Organizational Unit	:	
AHEPA NATIONAL HOUSING	CORPORATON				
Organizational DUNS: 14-	8688216	·	Division:		
Address:			Name and telephor involving this appli		rson to be contacted on matters
Street: 7202 N. SHADELAND AVENUI	E SUITE 100	€	Prefix:	First Name:	
City			MR. Middle Name	DEMETRI	
City: INDIANAPOLIS			Middle Name NICHOLAS		
County: MARION		*	Last Name DAMASKOS		
State: INDIANA	Zip Code 46250		Suffix:		
Country:			Email: ddamaskos@ahepa	mamt.ora	
6. EMPLOYER IDENTIFICATION	ON NUMBER (FIN):		Phone Number (give		Fax Number (give area code)
			317-845-58900	,	317-567-0031
52_1295814 8. TYPE OF APPLICATION:	+]			CANT: (See bac	k of form for Application Types)
8. TIPE OF APPLICATION.	w 🎵 Continuation	on Revision	HUD SECTION 202		
If Revision, enter appropriate le	tter(s) in box(es)		Other (specify)		" Non-Profit
(See back of form for descriptio	If of letters.)		''		
Other (specify)			9. NAME OF FEDE US DEPARTMENT	RAL AGENCY: OF HOUSING &	URBAN DEVELOPMENT
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:
		747-1757	CONSTRUCTION		
TITLE (Name of Program):	SEC 202 CA		INDEPENDENT LIV	ANG FOR SENI	UKO
12. AREAS AFFECTED BY P		es. States, etc.):			
SAN BERARDINO					
13. PROPOSED PROJECT	,		14. CONGRESSIO	NAL DISTRICTS	
Start Date:	Ending Date: SEPTEMBER 06		a. Applicant 16TH- INDIANA		b. Project
SEPTEMBER 05 15. ESTIMATED FUNDING:	SER I EINIBER 00		16. IS APPLICATIO		REVIEW BY STATE EXECUTIVE
	<u> </u>	00	ORDER 12372 PRO	CESS?	N/APPLICATION WAS MADE
a. Federal	9,0	67,460	a. Yes. 🔼 AVAILA	ABLE TO THE ST	TATE EXECUTIVE ORDER 12372
b. Applicant	DECEMBER OF THE ORIGINATION OF THE ORIGINATION OF THE ORIGINATION OF THE ORIGINAL PROPERTY.	ACTIVITY (SANSA)	PROCE	ESS FOR REVIE	W ON
c. State		CEPHIZ CONTROL	DATE:	7 /00 /0	4
d. Local	S LLL 6 C	00	b. No. T PROGI	RAM IS NOT CO	4 VERED BY E. O. 12372
	JYH 222	W04 00	D. NO. 11.1		OT BEEN SELECTED BY STATE
	\$'/	Secretaring Constitution of Co	☐ FOR R	EVIEW	
f. Program Income	SHATE GIEVENNS		17. IS THE APPLIC	JANT DELINQUI	ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	67,460	Yes If "Yes" atta	ach an explanatio	on. 🗵 No
18. TO THE BEST OF MY KN	OWI EDGE AND BELLE	E ALL DATA IN THIS AP	PLICATION/PREAPF	LICATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY TH	E GOVERNING BODY OF	THE APPLICANT A	ND THE APPLIC	ANT WILL COMPLY WITH THE
a. Authorized Representative		ATTAINED.	F :: :	II. Al.	
Prefix MR.	First Name NICKOLAS		Mide	dle Name	
Last Name STRATAS			Suff	ix	
b. Title	1			elephone Numbe	er (give area code)
PRESIDENT d. Signature of Authorized Rep	procentative 7/	1/10		-661-2020 ate Signed	
u. Signature of Authorized Rep	DESCRICTURE ///	1. 100		2-2004	5

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED July 22, 2004		Applicant Iden	tifier
1. TYPE OF SUBMISSION:	Day a salisation	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ier
Construction	Onstruction Non-Construction				
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Department:	al Unit:	
SANTA CRUZ CMMUNITY COL	JNSELING CENTER, IN	IC.		pport Services	
Organizational DUNS: 07-717-9554			Division: Property Deve	lopment and Managem	nent
Address:					rson to be contacted on matters
Street: 195 Harvey West Boulevard			Prefix:	application (give area	a code)
			Mr. Middle Name	Paul	
City: Santa Cruz			M.		
County: Santa Cruz	.		Last Name O'Brien		
State: California	Zip Code 95060		Suffix:		
Country: USA			Email: Paul.Obrien@	sccc.org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			r (give area code)	Fax Number (give area code)
23-7275290			831-469-1700	x104	831-425-1905
8. TYPE OF APPLICATION:]		7. TYPE OF A	PPLICANT: (See back	of form for Application Types)
☑ New		n Revision	Nonprofit corp	oration	
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
Other (specify)			9. NAME OF F	EDERAL AGENCY:	
			1	Jrban Development	a temperatural and a secondaria.
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	CE NUMBER:	1	TIVE TITLE OF APPLI	
		1 4-1 8 1	14-units of su	oboutea wonsing lor ber	sons with psychiatric disabilities
TITLE (Name of Program): Section 811 Supportive Housing	for Persons with Disab	ilities		JUL 2 2 20	304
12. AREAS AFFECTED BY PR			1	A port from the training	- Constitution of the Cons
County of Santa Cruz, City of Sa	anta Cruz		1 1	TATE OF CADING	IOUSE
13. PROPOSED PROJECT				SSIONAL DISTRICTS	OE-mercener
Start Date: March 2006	Ending Date: December 2006		a. Applicant 17th		b. Project 17th
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372	PROCESS?	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
a. redetat		1,040,697	4		
b. Applicant \$		31,000	PF	ROCESS FOR REVIEW	VON
c. State \$		1,523,000	D/	ATE:	
d. Local \$	11.00 m 20.00	585,000 ·	b. No. 🏻 PF	ROGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		745,000 ·		R PROGRAM HAS NO DR REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		3,974,697 ·	☐ Yes If "Yes	a" attach an explanation	. 🗵 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF	. ALL DATA IN THIS APP	PLICATION/PRE	APPLICATION ARE T	RUE AND CORRECT. THE
ATTACHED ASSURANCES IF 1	THE ASSISTANCE IS A	WARDED.	I TE APPLICAN	II AND THE APPLICA	INT WHEL COMPLET WITH THE
a. Authorized Representative				Middle Name	
Prefix Mr.	First Name Paul			М.	The state of the s
Last Name O'Brien				Suffix 	
b. Title Executive Director	_			c. Telephone Number 831-469-1700 x104	(give area code)
d. Signature of Authorized Repre	sentative Fame	M.O.Bis		e. Date Signed July 19, 2004	

FEDERAL ASSISTANC	E	2. DATE SUBMITTED 7/09/04		Applicant Ide	ntifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Applica	tion Identifier	
☑ Construction	☐ Construction	4. DATE RECEIVED B	Y FEDERAL AGENC	ENCY Federal Identifier		
Non-Construction 5. APPLICANT INFORMATION	│ <u>□ Non-Construction</u> N					
Legal Name: MERCY HOUSING CALIFORN			Organizational Ur Department:			
Organizational DUNS:			San Francisco Office Division:	ce		
883200900						
Address: Street:			Name and telephoninvolving this app		erson to be contacted on matters	
1360 Mission Street, Suite 300		•	Prefix:	First Name: Merle	sa code)	
City: San Francisco			Middle Name			
County: San Francisco		•	Last Name Malakoff		8	
State: Zip Code CA 94103			Suffix:			
Country: UNITED STATES			Email: mmalakoff@MERO	YHOUSING.ORG	3	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give		Fax Number (give area code)	
94-3081666	a · · · · ·		(415) 355-7100		(415) 355-7122	
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)	
☑ Ne	w 🖺 Continuation	n Revision	0. NOT FOR PROF		from the state of	
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)		Other (specify)	II ORGANIZATI	JUL 2 2 2004	
Other (specify)		<u>. </u>	9. NAME OF FEDE	RAL AGENCY:	AND URBAN DEVELOPMENT	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:			GANT'S PROJECT:	
		14-157	9th & Jessie Senior SWC 9th & Jessie		cisco, CA 94103	
TITLE (Name of Program): HUD SECTION 202		•				
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):			service enriched units for seniors Total of 98 HUD 202 units	
City and County of San Francis	co, California			-	and the second s	
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS		
Start Date: 4/1/06	Ending Date: 12/01/07		a. Applicant	8	b. Project 08	
15. ESTIMATED FUNDING:	12/01/01			-	REVIEW BY STATE EXECUTIVE	
		90	ORDER 12372 PRO		WARRI LOATION WAR MARK	
a. Federal \$		11,888,268	_ a. Yes. Mr. AVAILA	BLE TO THE ST	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$	ű.	10,000	PROCE	ESS FOR REVIEV	VON	
c. State \$.00	DATE:	7/9/04		
d. Local \$		13,520,479	b. No. T PROGF	RAM IS NOT COV	/ERED BY E. O. 12372	
e. Other \$ FLHB-SF		520,000			T BEEN SELECTED BY STATE	
f. Program Income \$		00	17. IS THE APPLIC		NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		25,938,747 ·	Yes If "Yes" atta	•		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPI THE APPLICANT AN	LICATION ARE T D THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative Prefix	First Name		Midd	le Name		
Prefix Ms.	Valerie					
Last Name Agostino			Suffix			
o. Title Vice President			415-	lephone Number 355-7100	(give area code)	
d. Signature of Authorized Repre	sentative deller		e. Da	te Signed		
Previous Editión Usable	7//				Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproductio	n/			-	Prescribed by OMB Circular A-102	

Version 7/03

APPLICATION FOR		O DATE OUDINITIES			Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/14/04		Applicant Ider	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	ion Identifier
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizationa	I Unit:	
MERCY HOUSING CALIFORNIA			Department:		
Organizational DUNS:	-		Los Angeles Of Division:	mice	
883200900			Name and tale		
Address: Street:			involving this	phone number of pe application (give are	rson to be contacted on matters a code)
1360 Mission Street, Suite 300			Prefix: Ms	First Name:	Marian San San San San San San San San San S
City: San Francisco			Middle Name	y (the	from Contract Views
County: San Francisco	·		Last Name Christen		JUL 2 2 2004
State: CA	Zip Code 94103	F	Suffix:		e e e e e e e e e e e e e e e e e e e
Country: UNITED STATES			Email: SChristen@ME	RCYHOUSING. ORG	TE CLEARING HOUSE
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
94-3081666			(415) 355-7111		(415) 355-7122
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See bac	k of form for Application Types)
		n Revision	0. NOT FOR P	ROFIT ORGANIZATIO	ON
(See back of form for description	of letters.)		Other (specify)		
Other (specify)				EDERAL AGENCY: MENT OF HOUSING A	AND URBAN DEVELOPMENT
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTI	IVE TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):		14-157	450 N. Hawaiia	and Senior Homes in Avenue Willmington milyeny low income is	CA 90744-4937
HUD SECTION 202 12. AREAS AFFECTED BY PRO	NECT (Cities Counties	States etc.)		oom manager's unit	STATES CHILDRED CHILD OF SCHOOL
City and County of Los Angeles,	·	, Glatod, Glosj.			
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project 36
12/1/04 15. ESTIMATED FUNDING:	12/1/06		16. IS APPLICA	08 ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE
			ORDER 12372 I	PROCESS?	/APPLICATION WAS MADE
a. Federal \$		12,470,640			ATE EXECUTIVE ORDER 12372
b. Applicant \$		10,000		OCESS FOR REVIEV	VON
c. State \$			DA ⁻	TE: 7/9/04	
d. Local \$		1,311,266 [°]	D. NO.		ERED BY E. O. 12372
e. Other HACLA		1,140,075		PROGRAM HAS NO R REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$.00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		14,931,981 ·	☐ Yes If "Yes"	attach an explanation	. V No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	UTHORIZED BY THE	GOVERNING BODY OF T	LICATION/PREA HE APPLICANT	APPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix Ms.	First Name		N.	⁄ilddle Name	
Last Name	Valerie	The second secon	S	Suffix	
Agostino b. Title	$\overline{}$. Telephone Number	(give area code)
Vice President d. Signature of Kuthorized Repres	antative 4			415-355-7100 . Date Signed	
a. Organica de Adicional de la Constante de la	Forting				Ctandard Farm 424 (Ray 0, 2003)

FEDERAL ASSISTANC	E	2. DATE SUBMITTE)	Applicant Ide	entifier Version 7/03
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Applica	ation Identifier
Application Construction	Pre-application Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATIO Legal Name:	N		Organizational Uni	t :	
Ť	ite Housing, Inc.		Department:	aing Developme	ent
Organizational DUNS: 07392	76919		Division:	Applicable	
Address:	20010		Name and telephor	ne number of p	erson to be contacted on matters
Street: 2526 Martin Luther	King Jr. Way		involving this appli Prefix;	First Name:	
City;		9.	Middle Name		Dori
Berkeley County:		· · · · · · · · · · · · · · · · · · ·	Last Name		
Alameda State:	Zip Code		Kojima Sufflx:		
California Country:	94704		Email:		
U.S.A	ON NUMBER (F(A))		dkojima@sa		Towns (c)
6. EMPLOYER IDENTIFICATI	<u> </u>		Phone Number (give 510-647-0700 ext 1	•	Fax Number (give area code) 510-647-0820
99_303137 8. TYPE OF APPLICATION:	5				ck of form for Application Types)
₩ Ne		n 🗔 Revision		`.	41
If Revision, enter appropriate le (See back of form for description			Other (specify)		
Other (specify)			O. N 9. NAME OF FEDER	Not for Profit Org	ganization
	DOMESTIC ASSISTANT	SE MUMADED.	Department of Hous	ing and Urban I	,
10. CATALOG OF FEDERAL	DUMES HE ASSISTANT				ICANT'S PROJECT; ousling expansion of Casa Montego.
TITLE (Name of Program):		14-157	out in the second of the secon	or alm opinion	odomy orpanion or odda monego.
TITLE (Name of Program): HUI 12. AREAS AFFECTED BY P	D 202: Supportive Housin ROJECT (Citles, Countle)	g Program s. States, etc.):			
City of Walnut Creek, County of					
13. PROPOSED PROJECT	TE-1: D-1		14. CONGRESSION	AL DISTRICTS	
Start Date: 02/2005	Ending Date: 08/20	07	a. Applicant		b. Project
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROP		REVIEW BY STATE EXECUTIVE
a. Federal	3	550,000			N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372
b, Applicant	3	10,000		SS FOR REVIE	
c. State	,	0	DATE: 0	07 / 20 / 04	
d. Local	5	1,250,000	b. No. The PROGRA	AM IS NOT CO	VERED BY E. O. 12372
ø. Other	3	330,000	m or pro		OT BEEN SELECTED BY STATE
f, Program Income	i	3,832,672	17. IS THE APPLICA		NT ON ANY FEDERAL DEBT?
g. TOTAL	}	UU UU	Yes If "Yes" attac	h na comlonatie	n. ₩No
18. TO THE BEST OF MY KNI	OWLEDGE AND BELIEF	5,972,672 . ALL DATA IN THIS A	i.	•	1
DOCUMENT HAS BEEN DUL) ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY O	F THE APPLICANT AND	THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative		VI/II(DED:	N/A		
Prefix Ma.	First Name Jesusa			o Name	
Last Name Joaon-Fusade			Sufflx		
b. Title Board Chair		1111 6-2	<u> </u>		(give area code) 47-0700
d, Signature of Authorized Repr	asantative	se	e. Dat	e Signed	22/2004
Previous Edition Usable) Authorized for Local Bebroducti	on -	J	JL 2 2 2004	7	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102
		final band		manda e ngi ^{ar}	
			MALAN MANAGEMENT		
		OTATEO	LEARING HOU	o e	

APPLICATION FOR							Version 7/0
FEDERAL ASSISTANCE		2. DATE SUBMITTED			Applicant Ider	ntifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE		State Applica	tion Identifier	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AC	SENCY	Federal Identi	fier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organization	nal Unit:			
Tahoe Area Coord	inating Council for the D	Disabled	Department:				
Organizational DUNS:	07 7222		Division:				
Address:	87-7333		Name and te	lephone	number of pe	rson to be contacted	on matters
Street: 2572 Lake Tahoe B	llvd. #2		involving thi	s applica	tion (give are	a code)	on matters
City					First Name:	Kevin	
City: So. Lake Tahoe			Middle Name	!			
County: El Dorado			Last Name	Knud	tson		
State: CA	Zip Code 96150		Suffix:				
Country: USA			Email:	kkundtoo	n@aammuwit		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number			economics.org Fax Number (give area	code)
68-0058896			(510) 832-830	00 x301		(510) 832-2227	
8. TYPE OF APPLICATION:			7. TYPE OF A	APPLICAI	NT: (See back	of form for Application	1 Types)
	Continuation	n Revision	O - Not for Pr				, , ,
(See back of form for description of	of letters.)		Other (specify))			
Other (specify)			9. NAME OF	FEDERAL	AGENCY:		
10. CATALOG OF FEDERAL DO	OMEGEIO AGGIOTANO		U.S. Departm	ent of Ho	ısing & Urban	Development	
10. CATALOG OF FEDERAL DO	DIVIESTIC ASSISTANC		1		9 9 9	ANT'S PROJECT:	T T T T T T T T T T T T T T T T T T T
TITLE (Name of Program):		1 4-1 5 7	Section 202 S	supportive	Housing for th	ne Elderly	Major
	IFOT (O''			The same of the sa	JUL	. 2 I 2004	Market Company
12. AREAS AFFECTED BY PRO	e, CA, El Dorado Counties,	and the state of t				20 mm	PORT OF THE PROPERTY OF THE PR
13. PROPOSED PROJECT	e, CA, El Dolado Coult	у .	14 CONCRE	CCIONAL	STANTE	FARING HOUSE	
Start Date:	Ending Date:		a. Applicant	SSIUNAL		b. Project	
15. ESTIMATED FUNDING:			16 IS ADDI IC	4	1	. 4 REVIEW BY STATE E	V-211-117-
		00	ORDER 12372	PROCES	SS?		
		3,486,100	a. Yes. 🗹 🔠	HIS PREA VAILABLE	PPLICATION/ TO THE STA	APPLICATION WAS NOTE EXECUTIVE ORD	/ADE FR 12372
b. Applicant \$.00	PI	ROCESS	FOR REVIEW	ON	LIC 12012
c. State \$.00	D/	ATE: 7	119/04		
d. Local \$		3,405,000	b. No. 🕦 PF	ROGRAM	IS NOT COVE	ERED BY E. O. 12372	
e. Other \$.00		R PROGR	AM HAS NOT	BEEN SELECTED BY	STATE
f. Program Income \$.00	_ FC	OR REVIE	W	T ON ANY FEDERAL	
g. TOTAL \$		00	4				
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF.	6,901,100	Yes If "Yes	APPLICA	TION ARE TO	No No	
OOCUMENT HAS BEEN DULY AN ATTACHED ASSURANCES IF TH	O I HURIZED BY THE G	OVERNING BODY OF	THE APPLICAN	T AND TH	IE APPLICAN	IT WILL COMPLY WIT	THE HE
a. Authorized Representative		VARDED.					
Prefix F	irst Name David			Middle Na	ame		
Last Name Kelly				Suffix			
. Title President, TACCD	1/ 1			c. Teleph	one Number (g		
. Signature of Avithorized Represe	entative/			e. Date S	(530)	577-8012	
Previous Edition Usable	May 1				1.14	Standard Form 424 (D 0 2225
uthorized for Local Reproduction	10					Standard Form 424 (I Prescribed by OMB Ci	kev.9-2003) rcular A-102

APPLICATION FOR FEDERAL ASSISTANCE	> <u>=</u>	2. DATE SUBMITTED			Version 7/
	·	2. DATE SUBMITTED		Applicant Idea	ntmer
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Applica	tion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Uni	t:	
TUOLUMNE COU	NTV VOSEMITE	VISTA ESTATAS	Department: V.V.E.	. /	SANITATION
Tuo LUMNE Cou Organizational DUNS: 131	130056	* 101** 201** (20	Division.	Maran	OHITITATION
Address:		,	4	e number of no	rson to be contacted on matters
Street: 22645 PRO	SPECT HEIGH	75	involving this appli	ication (give are	a code)
City: GRAVE LAND			Middle Name	First Name: N	IARLA
County: Tuoluanic					
County: TUOLUMNG State: CALIFORNIA	Zip Code 9532 /		Suffix:	m baugh	
Country: U.S.A	73321		Email:		
6. EMPLOYER IDENTIFICAT	ON NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
94-319668			209 962-	_	•
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See bad	c of form for Application Types)
D'N	w Continuation	n Revision		(======================================	mention the control of the control o
if Revision, enter appropriate le (See back of form for description	etter(s) in box(es) on of letters.)		Other (specify)	1	
Other (specify)			9. NAME OF FEDER	RAL AGENCY:	JUL 2 1 2004
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE T	ITLE OF APPLIC	/
TITLE (Name of Program): WHIER WHSTE D 12. AREAS AFFECTED BY PI 13. PROPOSED PROJECT	NOPOSAL LOAY (Cities, Counties,	States, etc.):			TATATION System
Start Date:	Ending Date:		14. CONGRESSION, a. Applicant	AL DISTRICTS (DF: b. Project
15. ESTIMATED FUNDING:				, ,	•
			16. IS APPLICATION ORDER 12372 PROC	NSUBJECT TO 1 SESS?	REVIEW BY STATE EXECUTIVE
a. Federal	;	. 000	a. Yes. THIS PR	EAPPLICATION	APPLICATION WAS MADE
b. Applicant		, oo	PROCES	S FOR REVIEW	TE EXECUTIVE ORDER 12372 ON
c. State		. 00	DATE:		
d. Local		- 00	b. No. T PROGRA	M IS NOT COVE	ERED BY E. O. 12372
e. Other \$	***************************************	.00	☐ OR PRO	GRAM HAS NOT	BEEN SELECTED BY STATE
f. Program Income \$	·	.00	FOR REV 17. IS THE APPLICA	/IEW NT DELINQUEN	T ON ANY FEDERAL DEBT?
g. TOTAL \$.00	☐ Yes If "Yes" attact	an explanation	No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Authorized Representative	AUTHORIZED BY THE G	OVERNING BODY OF TH	ICATION/PREAPPLE	CATION ADE TO	NIE AND CORPECT. THE
Prefix	First Name MARLA		Middle	Name /	1.10
Last Name RUMBAUG!			Suffix	<u> </u>	H/B
MANAGER	& BOAKD	DIRECTOR	c. Tele	phone Number (c	ive area code) 763-5788
d. Signature of Authorized Repre	esectative notice that the second sec		e. Date	Signedules	13.2004
Previous Edition Usable Authorized for Local Reproduction	//			1 8	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

					Version 7/03	
PPLICATION FOR EDERAL ASSISTANCI	E	2. DATE SUBMITTED JUNE 15, 2004		Applicant Identi	KA LKYCKING & OF OFF	
TYPE OF SUBMISSION:		3. DATE RECEIVED B	YSTATE	State Application	on Identiner	
optication	Pre-application	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier		
Construction	Onstruction Non-Construction					
Non-Construction APPLICANT INFORMATIO			Organizational Unit	t		
egal Name:				WORKS DEPAR	RTMENT	
CITY OF GARDENA			Division:			
organizational DUNS: 04056	5932	-	Name and telephon	EERING	rson to be contacted on matters	
Address:			Involving this appl	Ication (give are	B code)	
Street: 1717 W. 162ND STR	EET		Prefix:	H. H.	AROLD	
City:			Middle Name CUI	RTIS		
GARDENA			Last Name WIL	LIAMS		
County: LOS ANGELES	Zip Code	-	Suffix:		7	
State: CA	90247		Email:			
COUNTRY: UNITED STATES O	F AMERICA		hwittiams Phone Number (give	@d.gardena.ca.u	Fax Number (give area code)	
B. EMPLOYER IDENTIFICAT	TON NUMBER (EIN):		(310) 217-9568	£ 4.04 0000)	(310) 217-9676	
95-600071	3			ICANT: (See bad	k of form for Application Types)	
B. TYPE OF APPLICATION:		. M ^a	l l			
	tew Continuat letter(s) in box(es)	ion Revision	C. MUNICIPAL			
See back of form for descript	ion of letters.)		Other (specify)			
Other (spedfy)	ر		9, NAME OF FEDI	S. ENVIROMEN	TAL PROTECTION AGENCY	
10. CATALOG OF FEDERA	L DOMESTIC ASSISTA	NCE NUMBER:	11 DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:	
10. CATALOG OF PEDERA	L DOMESTIC ACCIONA	66-806	INFRASTRUCTU	RE SUPPORT FO	OR STORM WATER RUN OFF	
TITLE (Name of Program):	· · · · · · · · · · · · · · · · · · ·		CATCH BASINS	AND COMPLIAN	E WITH THE NPDES	
12. AREAS AFFECTED BY	APPROPIATION ACT C	ties. States, etc.):				
LOS ANGELES COUNTY	PROJECT (Cites, Court	boo, cames,	·			
13. PROPOSED PROJECT			14. CONGRESSIO	ONAL DISTRICTS	B OF:	
Start Date:	Ending Date:	OBER 2005	a. Applicant			
JULY 2005 16. ESTIMATED FUNDING	1	OBLIT LOVE	16. IS APPLICAT ORDER 12372 PF	ION SUBJECT T	O REVIEW BY STATE EXECUTIVE	
		ion	ORDER 12372 PR	PREAPPLICATION	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372	
a. Federal		241,100	AVAII	CESS FO R RE VII	EW ON	
b. Applicant	.	197,265		1/21/2		
c. State	\$					
d. Local	\$.00	ID. NO. 11 1		OVERED BY E. O. 12372	
e. Other	\$			OC) ((E)A)	HOT BEEN SELECTED BY STATE	
f. Program Income		w	17. IS THE APPL	ICANT DELING	JENT ON ANY FEDERAL DEBT?	
				ittach an explanat	ion 🖾 No	
g. TOTAL	5	435,365	TO A STANLED OF ALL	DOLICATION AR	E TRUE AND CORRECT. THE	
18. TO THE BEST OF MY	KNOWLEDGE AND BEI	LIEF, ALL DATA IN THIS THE GOVERNING BODY	OF THE APPLICANT	AND THE APPLY	E TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE	
ATTACHED ASSURANCE	B IF THE ASSISTANCE	S AWARDED.				
a. Authorized Representation	l Firet Name	N.D.	M	iddle Name	RTIS	
	HARC) LD	S	uffix		
Last Name WILLIAMS			c.	Telephone Numb	per (give area code)	
b, Title PUBLIC WORK	S DIRECTOR / CITY EN	GINEER	16	310) 217-9568		
d. Signature of Authorized f	Representative	ed E. Will	made this contraction are enriched assessment approximations.	Date Signed 6	5/04 Standard Form 424 (Rev.9-200)	
Previous Edition Usable		Principal Princi	Heren Land		Prescribed by OMB Circular A-10	
Authorized for Local Repro-	aucton	The Barrell B	Section I. W. Names of Broad			
		Comments of the second	2 1 2004			
		1	And the second of the second o			
		STATE	TATIAL INIT			
		INMIEULE	ARING HOUSE			

APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED 7/22/04)	Applicant to	dentifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED		State Appli	cation identifier
Application	Pre-application				
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Ide	nulfier
Non-Construction	Non-Construction				•
5. APPLICANT INFORMATIO Legal Name:	N		0		NUN
			Organizational Unit		
"Invitable - be	ty Devolapment Corporati	ion of Oakland			
Organizational DUNS: 961422	2490		Division:		
Address:			Name and telephon	o number of	person to be contacted on ma
Street: 5636 Shattuck Avenue	•		Involving this appli Prefix:	First Name	
			Mr.	I HALITONIC	Larry
City: Oakland			Middle Name		
Соилту:	**************************************		Last Name		
Alameda State:	Zip Code		Taylor Suffix:		0.0 0.00 ×
CA CA	216 Code 84609	***************************************	JUNIA:		·
Country: United States			Email: cdcoakland@	anl com	
. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):	VIIV	Phone Number (give a		Fax Number (give area code)
94-3134294	1		(510) 428-9345	•	(510) 428-2745
. TYPE OF APPLICATION:	<u>'</u>			ANT: (See h	ack of farm for Application Type
₽ Ne	w M Continuation	n ∜ Revision		(000 0	and a faith for Application (ypo.
Revision, enter appropriate les	tter(s) in box(es)		0		
See back of form for description	n of letters.)	["]	Other (specify)		
Other (specify)		Lucid	9. NAME OF FEDER	AL AGENCY	INFO/Co.
O CATALOG OF FEDERAL	DOMESTIC ACCURATION		U.S. Department of F		·
O. CATALOG OF FEDERAL	DOMESTIC ASSISTANC		1		LICANT'S PROJECT:
		14-157	housing development	./BART Senio	r Homesa 33 unit affordable se
TTLE (Name of Program): Section 202 Supportive Housin	a for the Elderly		ucosing development	(II) Oakland, (
2. AREAS AFFECTED BY PR		, States, etc.):	_		
Dakland, Calif.					
3. PROPOSED PROJECT	(•V)		14. CONGRESSIONA	L DISTRICTS	S OF:
tart Date: 12/10/04	Ending Date: 8/22/	06	a. Applicant		b. Project
ESTIMATED FUNDING:	0/22/	UU	9th Calif	SUB IECT T	9th Calif O REVIEW BY STATE EXECUT
		ди.	ORDER 12372 PROC		O MENIEW DI STATE EXECUT
Federal HUD 202		3,995,543	a, Yes, AVAII ARI	APPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 123
Applicant \$		BO		S FOR REVIE	
State \$		<u> </u>	DATE: 7/	22/04	
)				
City of Oakland	···	2,602,313	b. No. IT PROGRA	M IS NOT CO	VERED BY E. O. 12372
Other \$		QD	OR PROG	RAM HAS NO	OT BEEN SELECTED BY STAT
AHP Program Income \$		160,000 '	FOR REV	ΙΕW	
	·	· · · · · · · · · · · · · · · · · · ·	17. IS THE APPLICAN	IT DELINQUI	ENT ON ANY FEDERAL DEBT
TOTAL \$		6,757,856	Yes If "Yes" attach	an eynlanetin	n. 🖳 No
TO THE BEST OF MY KNO	WLEDGE AND RELIEF	ALL DATA IN THIS AP	PLICATION/PREAPPLIC	ATION ARE	TRUE AND CORRECT THE
CUMENT HAS BEEN DULY	AUTHORIZED BY THE G	IOVERNING BODY OF	THE APPLICANT AND	THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
TACHED ASSURANCES IF 1 Authorized Representative	HE ASSISTANCE IS AW	ARDED.		F II II	
ellx	First Name	0.711	Middle 1	, Name	- IVA C
st Name	Larry				- Ann
Taylor	Pills	V.	Suffix		
Fitte Chief Executive Officer					(give area code)
Signature of Authorized Repres			(510) 42 e. Date	28-9345 Signed	7. ·
7, the		y tru- yard	### MATERIA THE	- In the state of	1. 20. 1. 4
evious Edition Usable Ihorized for Local Reproduction	1	1) /	The both When		Standard Form 424 (Rev.9-2
		V)		g.	Prescribed by OMB Circular A
		1	1111	Į.	
			JUL 2 1 200.	J. Leaves	
			JUL 2 1 200	-	
		57	JUL 3 1 200	-	TOTAL P

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/22/04	OBLIGATION AND IT	Applicant Ider	ntifier
TYPE OF SUBMISSION:		3, DATE RECEIVED BY	STATE	State Applicat	ion identifier
pplication	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identi	fier
Construction	Construction	T, DATE RECEIVED CT			
Non-Construction 5. APPLICANT INFORMATION	☐ Mou-Construction	***			
Legal Name:			Organizational U	nit:	
1 -	ommunity Housing, Inc.		Department: De	velopment	
Organizational DUNS:		ind (U.All P	Divisian:		the management of the second
049944	846		Name and talenh	one number of ne	raon to be contacted on matters
Address: Street:		→ • • • • • • • • • • • • • • • • • • •	involving this ap	plication (give are	a code)
2030 Franklin Street, 6th	h Floor		Prefix: Mr.	First Name:	wight
City:	141 1 100 1 1 L	A	Middle Name		
Oakland			Landblarma		
County: Alameda			Last Name Dicker	son	
State: CA	Zlp Code 94612		Suffix:		
Cauntry;	34012		Email:	Ahi	
United States	NI NUMBER (E(A))		Phone Number (gi		Fax Number (give area code)
6. EMPLOYER IDENTIFICATIO			(510) 763-7676		(510) 763-7730
94-2377749			1 '	ICANT: (See hac	k of form for Application Types)
8. TYPE OF APPLICATION:	(r ")	(C. BI-1		LIONITI (OCC DEC	, or 10.71. 121.7 (pp.122.1011. 1.7) p. 1.7
If Revision, enter appropriate lett		n Revision	0		
(See back of form for description	of letters.)	· 🗖	Other (specify)		
Other (specify)		. 🗀	9. NAME OF FED	ERAL AGENCY: of Housing and Urb	an Davelonment
10, CATALOG OF FEDERAL I	OMEGTIC ACCIGTANT	TE NUMBEO			CANT'S PROJECT:
10. CATALOG OF FEDERAL	JUMES (IC ASSISTAN				Homesa 33 unit affordable senior
· · · · · · · · · · · · · · · · · · ·		14-157		nent in Oakland, Ca	
ITLE (Name of Program): Section 202 Supportive Housing	for the Elderly				
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
Oakland, Calif.			4/100		
13. PROPOSED PROJECT	W. P. D.		8. Applicant	DNAL DISTRICTS	OF: b. Project
Start Date: 12/10/04	Ending Date: 8/22/0	6	9th C		9th Calif
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$			a. Yes. W AVAII	PREAPPLICATION	VAPPLICATION WAS MADE
HUD 202		3,995,543	T VAVII		ATE EXECUTIVE ORDER 12372
b, Applicant \$			PROC	CESS FOR REVIE	W ON
c. State \$			DATE	: 7/22/04	
d. Local \$		2 602 313 '	b. No. IT PROC	GRAM IS NOT COV	/ERED BY E. O. 12372
City of Oakland		2,602,313		ROGRAM HAS NO	T BEEN SELECTED BY STATE
e. Other AHP	and the second	160,000	- FOR F	REVIEW	
f. Program Income 5		t t	17. IS THE APPLI	CANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	4.642	6,757,856 ^{'''}	Tyes If "Yes" at	tach an explanation	n. 🖾 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	ALL DATA IN THIS API	PLICATION/PREAP	PLICATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT A	ND THE APPLICA	NT WILL COMPLY WITH THE
a Authorized Representative	THE ASSISTANCE IS A	WARDED.	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7.0.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.
Prefix Mr.	First Name Dwight		Mid	ldle Name	
Last Name			Suf	fix	
Dickerson b. Tille				elephone Number	(give area code)
Executive Director			(51	0) 763-7676	
1. Signature of Authorized Profe	sentative	Charles Agent Lines II I Books	e. C	Date Signed 7/	16/04
Previous Edition Usable		I Bours Said Some & W Sures			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102
Authorized for Local Reproduction	in .	JUL 2 1 200	A distance of the second		1 1080/1000 DY CIVID CITEDIAL AT TOE

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE	E	2. DATE SUBMITTED		Applicant Ident	ıflər
1. TYPE OF SUBMISSION:		7/09/04 3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	ег
Construction	Construction				
Non-Construction 5. APPLICANT INFORMATION	<u> </u>				
Legal Name:			Organizational	unit:	
MERCY HOUSING CALIFORN	lia.	1 4	Department: San Francisco O	Office	
Organizational DUNS: 883200900			Division:	-	
Address:			Name and telep	hone number of per	son to be contacted on matters
Street: 1360 Mission Street, Sulte 300			Prefix:	pplication (give area	a code)
1300 Mission Street, ague 300			Mr	Merle	
Clty: San Francisco			Middle Name		
County: San Francisco	,		Last Name Malakoff		
State: CA	Zip Code 94103		Suffix:		
Country: UNITED STATES			Email:	RCYHOUSING.ORG	;
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number		Fax Number (give area code)
			(415) 355-7100		(415) 355-7122
9 4 - 3 0 8 1 6 6 8. TYPE OF APPLICATION:	0		7. TYPE OF AP	PLICANT; (See bac	k of form for Application Types)
12: No	w 🖺 Continuat	ion 🖺 Revision	0, NOT FOR PE	ROFIT ORGANIZATIO	N
If Revision, enter appropriate le (See back of form for description	etter(s) in box(es) on of letters.)		Other (specify)		
Other (specify)	LJ	<u>.</u>	9. NAME OF FE	EDERAL AGENCY:	AND URBAN DEVELOPMENT
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER!		VE TITLE OF APPLI	
10, CATALOG OF FEDERAL	DOMESTIC ASSISTAN		9th & Jessie Se	anlor Community	
TITLE (Nome of Program):		14-157	SWC 9th & Jes	sle Streets San Franc	cisco, CA 94103
TITLE (Name of Program); HUD SECTION 202			103 one bedroo	om, very low income,	service enriched units for seniors
12. AREAS AFFECTED BY P		ies, States, etc.):	and 1 two bedin	oom manager's unit.	Total of 98 HUD 202 units
City and County of San Franc	isco, Callfornia		11 201100	SIONAL DISTRICTS	OE:
13, PROPOSED PROJECT	Ending Date:		a. Applicant	SIONAL DISTRICTS	b. Project
Start Date: 4/1/06	12/01/07			08	08
15. ESTIMATED FUNDING:			ODDED 12972 I	PPOCESS?	REVIEW BY STATE EXECUTIVE
a. Federal	\$	11,889,268	a, Yes, W THI	IS PREAPPLICATION ALLABLE TO THE ST	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	\$	qu -	PR	OCESS FOR REVIE	W ON
		10,000	_ _{DA} '	TE: 7/9/04	
c. State				OCEAN IS NOT COV	/ERED BY E. O. 12372
d. Local	5	13,520,479	D. No. 11,1		
e, Other FLHB-SF	\$	520,000		DREVIEW	OT BEEN SELECTED BY STATE
f. Program Income	\$	ψū	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	25,938,747		' attach an explanatio	
18. TO THE BEST OF MY KN	OWLEDGE AND BELL	EE ALL DATA IN THIS AL	PPLICATION/PRE	APPLICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES I	F THE ASSISTANCE IS	AWARDED.			
a, Authorized Representative	First Name		· · · · · · · · · · · · · · · · · · ·	Middle Name	
Prefix Ms.	Valer	0		Suffix	•
Last Name Agostino					
b. Title Vice President	//			с. Telephone Numbe 4 <u>15-</u> 355-7100	(give area code)
d. Signature of Authorized Re	oresentative Af	Executation consistent confidence in the confidence of the confide	The second second	e. Date Signed	
Previous Edition Usable	- June	The second second second	Whom had	a company	Standard Form 424 (Rev.9-2003
Authorized for Local Reproduc	notion	200			Prescribed by OMB Circular A-102
•	6	JUL 2	1 2004	DRIELLEN	
		/		Et projecto	

STATE CLEARING HOUSE

APPLICATION FOR				Applicant Ident	Version 7/03
FEDERAL ASSISTANC	E	2. DATE SUBMITTED 6/14/04			
1. TYPE OF SUBMISSION:	M	3. DATE RECEIVED BY	STATE	State Application	on identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	er
Construction	Construction				
Non-Construction 5. APPLICANT INFORMATIO	☐ Non-Construction				
Legal Name:			Organizational Ur	ilt:	
MERCY HOUSING CALIFOR	NIA .		Los Angeles Office		
Organizational DUNS; 883200900			Division:		
Address:			Name and telepho	ne number of per	reon to be contacted on matters
Street: 1360 Mission Street, Suite 300)		Prefix:	First Name:	
	· · · · · · · · · · · · · · · · · · ·		Ms Middle Name	Sharon	
Clly: San Francisco					
County: San Francisco			Last Name Christen	· · · · · · · · · · · · · · · · · · ·	
Ştate:	Zlp Code		Suffix:		
CA .	94103		Email:		
Country: UNITED STATES	ION NUMBER /EIAIL		Phone Number (gl	CYHOUSING.ORG	Fax Number (give area ∞de)
6. EMPLOYER IDENTIFICAT			(415) 355-7111		(415) 355-7122
94-308166	6		3 '	ICANT: (See bac	k of form for Application Types)
8. TYPE OF APPLICATION:	ew 🖺 Continuat	non Revision		FIT ORGANIZATIO	
if Revision, enter appropriate i	etter(s) in box(es)	ion hat Kovision		FII ORGANIZATIO	
(See back of form for descripti	on of letters.)		Other (specify)		
Other (specify)			9. NAME OF FED	ERAL AGENCY:	AND URBAN DEVELOPMENT
10. CATALOG OF FEDERA	L DOMESTIC ASSISTAL	NCE NUMBER!			CANT'S PROJECT:
IO, OMINEGO OF FEDERAL	 	14-157	New Dana Stran	Senior Homes	O4 00744 4007
TITLE (Name of Program):			450 N. Hawaiian A	Avenue Willmington	ervice enriched units for seniors
HUD SECTION 202 12. AREAS AFFECTED BY I	DO IECT (CHan Court	ion Staton atc l'	and 1 two-bedroo	m manager's unit	
l '		168, JiBi62, 616./i			
City and County of Los Angel	es, camorna		14. CONGRESSI	DNAL DISTRICTS	OF:
Start Date:	Ending Date:		a, Applicant	80	b. Project 36
12/1/04	12/1/06		16. IS APPLICAT	ION SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:		1)10	ORDER 12372 PF	へんたらら つ	VAPPLICATION WAS MADE
a. Federal	\$	12,470,640	a. Tes. IEI AVAI	LABLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant	\$	10,000	PRO	CESS FOR REVIE	W ON
c, State	\$.00	DATE	7/9/04	
	\$		H PRO	GRAM IS NOT CO	VERED BY E. O. 12372
d. Local		1,311,266	b. No. 🕮 PRO	POCRAM HAS NO	OT BEEN SELECTED BY STATE
e, Other HACLA	\$	1,140,075	U E∩R	DEVIEW	•
f. Program Income	\$, ua	17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	44.034.084	Yes If "Yes" a	ttach an explanatio	n. 🌇 No
	NOWLEDGE AND BELL	14,931,981 EF. ALL DATA IN THIS A	DELICATION/BREAK	PLICATION ARE	TRUE AND CORRECT, THE
INCCUMENT HAS BEEN DU	LY AUTHORIZED BY II	HE GOAEKWING BOD! O	F THE APPLICANT	AND THE APPLICA	ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES	IF THE ASSISTANCE IS	S AWARDED.			
Prefix Ms.	First Name Valer	ie	M	ddle Name	
Last Name			Sc	iffix	
Agostino b. Title				Telephone Numbe	(glve area code)
Vice President,				15-355-7100 Date Signed	
d. Signatura of Multhorized Re	ores the type	IEGIZATELISTALAHAN ARABATA JANGARAN ARABATA	- Commence of the second secon	Date Oignou	Disaland F 444 /Dov.0.000
Previous Edition Usable	// \	The land of least	VEL		Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-10
Authorized for Local Reprode	icpion /	1	10		•

JUL 3 1 2004

STATE CLEARING HOUSE

					Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE	*	2. DATE SUBMITTED		Applicant Iden	lifier
1. TYPE OF SUBMISSION:		6/14/04 3. DATE RECEIVED BY	Y STATE	State Applicat	ion Identifier
Application	Pre-application	4, DATE RECEIVED B	Y FENERAL AGENCY	Federal Identi	ner
Construction	Construction	4, DATE RECEIVED D			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Uni	t:	
MERCY HOUSING CALIFORN	NIA		Department: SAN FRANCISCO	OFFICE	
Organizational DUNS:			Division:		
883200900 Address:	4)4		Name and telephor	ne number of pe	rson to be contacted on matters
Street:			involving this appl Prefix:	First Name:	a code)
1360 Mission Streat, Suite 300	•		MS	RANDI "	
City: San Francisco			Middle Name		
County: San Francisco			Lasi Name GERSON		
State; CA	Zlp Code 94103	,	Suffix:		
Country	54103		Email: RGERSON@MERG	CYHOUSING.OR	G
UNITED STATES 6. EMPLOYER IDENTIFICATION	ON NUMBER (FIN)		Phone Number (give	B/T	Fax Number (give area code)
			(415) 355-7120		(415) 355-7122
94_3081660 8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
8, TYPE OF APPLICATION.	w Continuation	n Revision	0. NOT FOR PROF	-	
If Revision, enter appropriate le (See back of form for descriptio	tter(s) in box(ss)		Other (specify)		·
Other (specify)		-	9. NAME OF FEDE U.S. DEPARTMEN	T OF HOUSING	AND URBAN DEVELOPMENT
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	1		CANT'S PROJECT:
		14-157	KENT GARDENS \$ 16438-16450 KENT	SENIOR HOUSIN I AVENUE SAN I	G ≟OR E NZO (Ashland) CA
ritle (Name of Program): HUD SECTION 202			94580-1231	en low lacome s	ervice-enriched units for seniors
12. AREAS AFFECTED BY PI	ROJECT (Cities, Countie	s, States, etc.):	and 1 two-bedroom		
CITY AND COUNTY OF SAN	FRANCISO, CALIFORNI	Α		u ·	
13. PROPOSED PROJECT			14, CONGRESSION	NAL DISTRICTS	OF: b. Project
Start Date: August 2003	Ending Date: September 2007		108		09
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PRO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
a, Federal	S	w '	THIS P	REAPPLICATION	NAPPLICATION WAS MADE
		10,010,027		IBLE TO THE ST ESS FOR REVIEV	ATE EXECUTIVE ORDER 12372 N ON
b. Applicant	•	10,000			
c. State	5			6/11/04	
d. Local	5	3,628,656	D. NO. 11 1	,,	/ERED BY E. O. 12372
e. Other		420,000	, EUB. BI	FVIEW	T BEEN SELECTED BY STATE
f. Program Income	В	,	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL		14.068,683	Yes If "Yes" alle		
19. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE	GOVERNING BODT OF	PLICATION/PREAPP THE APPLICANT AN	LICATION ARE ID THE APPLICA	TRUE AND CORRECT. THE INT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS	WARDED.			
a, Authorized Representative Prefix MS	Firal Name VALERIE		Midd	lle Name	
	VALERIE		Suffi	x	
Lasi Name AGOSTINO Title	<u> </u>			Jephone Number	(give area code)
/ICE PRESIDENT	ragonialiya	FARTHER AND STREET, CONTRACTOR OF THE STREET,	e. Da	-355-7100 ate Signed	
d. Signature of Authorized Rep	Le rescent	Account from the same	6/11		Standard Form 424 (Rev.9-2003)
Previous Edition Usable Authorized for Local Reproduct	lon	JUL 8 1 2	004		Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED 07/20/2004		Applicant Ider	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION					
Legal Name:			Organizationa Department:	I Unit:	
Central Community Developme	nt Center, Inc. (CCDC)		Department.		
Organizational DUNS: 14-727-0990	9+ 81 \$ \$100 cm = 1		Division:		
Address: Street:	Beerl Joseph P	Property A Property Description		epnone number of pe application (give are	erson to be contacted on matters
	1 (1 1 Bank V	Reserve W. Lance land	Prefix:	First Name:	
211 South Barton Avenue		2 1 2004 l	Rev. Middle Name	Donald	
City: . Fresno		4 1 2004	Middle Name		
County: Fresno	STATE OLI				
State: California	Zip Code 93702	- a myd HUUSE	Suffix:		
Country: U. S. A.			Email:		
U. S. A. 6. EMPLOYER IDENTIFICATION	NI NIIMDED (EINI):		Lockhart777@	r (give area code)	Fax Number (give area code)
	_			,	
7 7 - 0 5 2 9 4 5 8 8. TYPE OF APPLICATION:			(559) 252-7777		k of form for Application Types)
	m			•	k of form for Application Types)
If Revision, enter appropriate lett		n Revision	O. Not for Profi	it Organization	
(See back of form for description			Other (specify)		
Other (specify)				EDERAL AGENCY: ent of Housing and Ur	ban Development
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
		1 4-1 8 1			ng Development, a 20 unit, fully ults with physical disabilities.
TITLE (Name of Program): Supportive Housing for Persons 12. AREAS AFFECTED BY PR		s. States. etc.):	(sixteen (16) -	one bedroom and fou	r (4) - two bedroom)
Fresno, Fresno County, Californ	•	, ,			
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
10/01/2004	10/01/2005		CA 20	ATION OUR IEST TO	CA 20
15. ESTIMATED FUNDING:			16. IS APPLIC		REVIEW BY STATE EXECUTIVE
a. Federal \$		2,086,200			N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		10,000		ROCESS FOR REVIE	
c. State \$.00	DA	ATE: July 20, 2004	
d. Local \$		37,000 ·	b. No. 🔲 PR	ROGRAM IS NOT CO	/ERED BY E. O. 12372
e. Other \$		100,000 ·		R PROGRAM HAS NO OR REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		2,233,200 ·	Yes If "Yes"	" attach an explanation	n. 🗷 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	, ALL DATA IN THIS APP GOVERNING BODY OF 1	LICATION/PRE THE APPLICAN	APPLICATION ARE TAND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative				F	
Prefix Rev.	First Name Donald			Middle Name	
Last Name Lockhart				Suffix	
b. Title Executive Director				c. Telephone Number (559) 252-7777	(give area code)
d. Signature of Authorized Repre	esentative			e. Date Signed	

	p.2
Application for Federal	
Education Assistance (ED 424)	U.S. Department of Education
	Form Approved
Applicant Information	OMB No. 1875-0108 Exp. 11/30/2004
1. Name and Address Legal Name: Community Hooks Community	2 0 2004 Organizational Unit
Community Health Councils, Inc.	- L 0 2001
Address: 3761 Stocker Street, #201	
OTATE OF	CADING PORCH
Los Angeles	
City	CA Los Angeles 90008 - 5111
2. Applicant's D-U-N-S Number 8 7 4 6 4 3 9 3	ZIP Code + 4
	6. Novice ApplicantYesNo
3. Applicant's T-I-N 9 5 -1 4 4 8 7 6 6 4	
4. Catalog of Federal Domestic Assistance # n 4 4 4	7. Is the applicant delinquent on any Federal debt?Yes _X _No (If "Yes," attach an explanation.)
Title: Mentoring Program	B_(attach an explanation.)
	8. Type of Applicant (Enter appropriate letter in the box.)
Office of Safe and Drug-Free Schools	
. Project Director: Shelia Claverie	A - State F - Independent School District B - Local G - Rubble College
	C - Special District H - Private Non and College
Address: 3761 Stocker Street, Suite 201	D - Indian Tribe I - Non profit Communication
Los Angeles	E - Individual J - Private, Profit-Making Opposition
City	151 K - Other (Specify):
	en (Opcount).
E-Mail Address: sheliac@chc-Inc.org	
oplication Information Type of Submission:	
-PreApplication -Application	12. Are any research activities in the time.
Construction Construction	12. Are any research activities involving human subjects planned at any time during the proposed project period?
Non-ConstructionX Non-Construction	Yes (Go to 12a.) X No (Go to item 13.)
Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process?)	12a. Are all the research activities proposed designated to be exempt from the regulations?
Yes (Date made available to the Executive Order 12372 process? process for review)	
process for review):/	
	Yes (Provide Exemption(s) #):
X No (If "No," check appropriate box below	No (Provide Assurance #):
No (If "No," check appropriate box below.) Program is not covered by E.O. 12279	No (Provide Assurance #):
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review.	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project:
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project:
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05 Start Date: End Date:	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05 Start Date: End Date:	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School Based Mentoring Project
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05 Start Date: End Date: Mathorized Representative	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School Based Mentoring Project
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05 Start Date: End Date: Mathorized Representative 15. To the best of my knowled.	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School Based Mentoring Project Information edge and belief, all data in this preapplication/englication are true.
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05 Start Date: End Date: mated Funding Authorized Representative 15. To the best of my knowledge and correct. The docume policinant	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School Based Mentoring Project Information edge and belief, all data in this preapplication/application are true ent has been duly authorized by the governing hadvatiles.
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05 Start Date: End Date: mated Funding Authorized Representative 15. To the best of my knowled policant \$	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School Based Mentoring Project Information edge and belief, all data in this preapplication/application are true ent has been duly authorized by the governing body of the applicant mply with the attached assurance if the project in the stracked assurance is the project in the stracked assurance in the stracked assurance is the project in the stracked assurance in the stracked assurance is the stracked assurance in
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05 Start Date: End Date: mated Funding Authorized Representative 15. To the best of my knowle 15. To the best of my knowle 15. To the document 15. To the docum	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School Based Mentoring Project Information edge and belief, all data in this preapplication/application are true sent has been duly authorized by the governing body of the applicant imply with the attached assurances if the assistance is awarded. (Please type or print name clearly)
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05 Start Date: End Date: mated Funding Authorized Representative 15. To the best of my knowle 15. To the best of my knowle 15. To the document 15. To the docum	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School Based Mentoring Project Information edge and belief, all data in this preapplication/application are true ent has been duly authorized by the governing body of the applicant imply with the attached assurances if the assistance is awarded. (Please type or print name clearly.)
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05 Start Date: End Date: mated Funding Authorized Representative 15. To the best of my knowle 15. To the best of my knowle 15. To the applicant will core and the applicant will core as 100 and 100	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School Based Mentoring Project Information edge and belief, all data in this preapplication/application are true ent has been duly authorized by the governing body of the applicant imply with the attached assurances if the assistance is awarded. (Please type or print name clearly.)
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School Based Mentoring Project Information edge and belief, all data in this preapplication/application are true ent has been duly authorized by the governing body of the applicant imply with the attached assurances if the assistance is awarded. (Please type or print name clearly.) Moreover 1323 295-9467
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05 Start Date: End Date: mated Funding Authorized Representative 15. To the best of my knowled 15. To the best of my knowled 15. To the best of my knowled 15. To the document 15. To the document 15. To the best of my knowled 15. To the bes	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School Based Mentoring Project Information edge and belief, all data in this preapplication/application are true sent has been duly authorized by the governing body of the applicant imply with the attached assurances if the assistance is awarded. (Please type or print name clearly.) The contract of the sent and the sent assistance is awarded. JUL 2 0 2004 Enc. inc. org
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05 Start Date: End Date: mated Funding Authorized Representative 15. To the best of my knowled 15. To the best of my knowled 15. To the best of my knowled 15. To the document 15. To the document 15. To the best of my knowled 15. To the bes	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School Based Mentoring Project Information edge and belief, all data in this preapplication/application are true sent has been duly authorized by the governing body of the applicant imply with the attached assurances if the assistance is awarded. (Please type or print name clearly.) The Councils of the project: A print of the project o
X No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04 06 / 30/ 05 Start Date: End Date: mated Funding Authorized Representative 15. To the best of my knowled 15. To the best of my knowled 15. To the document 15. To the doc	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Community Health Councils, Diamond Lane School Based Mentoring Project Information edge and belief, all data in this preapplication/application are true ent has been duly authorized by the governing body of the applicant imply with the attached assurances if the assistance is awarded. (Please type or print name clearly.) More Fax #: (323) 295-9467 Chc-inc.org STATE CLEARING HOLE Lagresentative

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Ve	rsior	1 //	1.5

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	Version 7/03
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	ion Identifier
Application	Pre-application	A BATE DEGENCED BY	FEDERAL ACENC	Y Federal Identif	ior
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	rederal identiti	l e i
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:		A STATE OF THE STA	Organizational U	nit:	
Northern Valley Catholic Social	Service, Inc.		Department: Housing		
Organizational DUNS: 146491340	111111111111111111111111111111111111111		Division: Private, Non-Profi		
Address:				one number of per plication (give are	rson to be contacted on matters
Street:			Prefix:	First Name:	a code;
1020 Market Street			Mrs. Middle Name	Bobbi	
City: Redding					
County: Shasta			Last Name Sawtelle		
State: California	Zip Code 96001		Suffix:		
Country: United States of America			Email: bobbisnvcss@sn	owcrest.net	,
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (gi	ve area code)	Fax Number (give area code)
20-0984601			(530) 247-3316		(530) 247-3354
8. TYPE OF APPLICATION:	Property.		7. TYPE OF APP	LICANT: (See back	of form for Application Types)
If Revision, enter appropriate letter		n 🔲 Revision	Not for profit (O)		
(See back of form for description	of letters.)	П	Other (specify)		
Other (specify)	ш.			of Housing and Urb	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	i		CANT'S PROJECT:
		1 4 - 1 5 7	The project will p	rovide housing for t	he elderly who can live in
TITLE (Name of Program): Section 202 Supportive Housing	for the Elderly		independent living	j situations.	
12. AREAS AFFECTED BY PRO		s, States, etc.):			
Chico, Butte County, California	•				
13. PROPOSED PROJECT				ONAL DISTRICTS	
Start Date: March, 2006	Ending Date: November, 2006		a. Applicant California 2nd		b. Project California 2nd
15. ESTIMATED FUNDING:	140VGIIIBGI, 2000				REVIEW BY STATE EXECUTIVE
a. Federal \$	and the property of a security of the security	.00	ORDER 12372 PR	OCESS? PREAPPLICATION	/APPLICATION WAS MADE
Bones a Comment		4,764,600] ^{a. Yes.} ⊯ AVAII	ABLE TO THE STA	ATE EXECUTIVE ORDER 12372
b. Applicant \$	and because a	•			VOIV
c. State \$	UL 2 0 2004		DATE	• •	
d. Local \$		950,000 .	D. NO. U.J		ERED BY E. O. 12372
e. Other STATE	CLEARING HOUS	.00	U FOR I	REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$	COLUMN TO THE PARTY OF THE PART	.00	17. IS THE APPL	CANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		5,714,600 ·	1	tach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF T	LICATION/PREAP THE APPLICANT A	PLICATION ARE T ND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative	First Name			Idle Name	
Prefix Mrs. Last Name	Jan		Ai Sui		
Maurer Watkins b. Title				Telephone Number	(give area code)
Executive Director			(53	30) 241-0552 Date Signed	·-
d. Signature of Authorized Repre	sentative SHAM	mullate	ę. i	Jake Signed	Standard Form 424 (Pay 9-2003)

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Ide	Version 7	
	<u> </u>	July 8, 20	004	OCS-03-	-01	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED E		, ,	State Application Identifier	
Construction	Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Ident	ner	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Un	it:		
The East Los Angel	es Community U	Jnion	Department:			
	20597		Division:			
Address: Street:					rson to be contacted on matte	
	mpic Boulevard	i	involving this appl Prefix:	First Name:	Jose	
City: Los Angeles		ATT TO THE TOTAL CONTRACT OF THE TOTAL CONTR	Middle Name			
County: Los Angeles			Last Name Vill	alobos		
State: California Zip Code 90022			Suffix:	<u> </u>		
Country: USA			Email: jvtela	cu@aol.com	l	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give		Fax Number (give area code)	
95-2554256			323-721-165	5	323-721-3560	
B. TYPE OF APPLICATION:		ARA-11-1-1	7. TYPE OF APPLIC	CANT: (See bac	of form for Application Types)	
Revision, enter appropriate lett See back of form for description	ter(s) in box(es)	n Revision	Non-Profit Other (specify)	_	Development Corporation	
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0. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	E NUMBER:	DHHS 11. DESCRIPTIVE T	-ACF/OCS	CANT'S DDO IECT.	
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Discretionary Gran TTLE (Name of Program): Op	t Program-	93-570	Expansion of			
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2. AREAS AFFECTED BY PR	•	, States, etc.):	1		- Priority Area	
Los Angeles Cou	nty ————————————————————————————————————		Operational	- HHS-200	4-ACF-OCS-EE-0019	
3. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSION	AL DISTRICTS (
0/30/04	Ending Date: 2/28/06		a. Applicant 25,2	9.30	b. Project 29	
5. ESTIMATED FUNDING:			16. IS APPLICATION	N SUBJECT TO	REVIEW BY STATE EXECUTIV	
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Authorized Representative refix	First Name		Middle	Name		
Mr. ast Name	Jose		Suffix	IVAILIC		
Villalobos			`			
Title Senior Vice P:	resident		c. Tele	phone Number (c 23–721–165	give area code)	
Signature of Authorized Repres	sentative		e. Date	e Signed July 8, 20	0.4	
evious Edition Usable	Con		1	Jury 0, 20	04	

APPLICATION FOR

OMB Approval No. 0348-0043

PPLICATION FOR				I a all and I don't for
EDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier
		THE STATE OF THE S	(DTATE	State Application Identifier
YPE OF SUBMISSION:		3. DATE RECEIVED BY	SIAIE	State Application Identifies
Application	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Construction Non-Construction	Non-Construction			
PPLICANT INFORMATION				
-! Alamai	٠ ٨٠ ك	C1 17	Non-Prof	+ Corporation
ecramento River Di	scovery Charles	Ochool, tre	Name and telephone	number of person to be contacted on matters involvi
O. Box 1298	and zip coog	96080	this application (give	
		12000	hy VI'	vesteker 530-529-1650
	unty		Jainy MIV	ANT: (enter appropriate letter in box)
MPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLIC	W
			A. State	H. Independent School Dist.
TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
	w Continuation	Revision	C. Municipal	J, Private University
∭ Ne	··		D. Township E. Interstate	K. Indian Tribe L. Individual
Revision, enter appropriáte le	tter(s) in box(es)			
Language Assumed D Do	crease Award C. Incre	ease Duration	G. Special District	M. Profit Organization N. Other (Specify) No. n Prof. T. Corp.
i. morecor i i i -	r(specify):		6	
			9. NAME OF FEDER	RAL AGENCY:
*			IUSDA-K	ural Development
			tt PESCRIPTO/E	TITLE OF APPLICANT'S PROJECT:
CATALOG OF FEDERAL I	OMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT: Tion of Dermanent
	- 1	10-766	CONSTITUC	
TITLECOMMIN	nt Facility	es Loans	_tacilitie	es for charter school
AREAS AFFECTED BY PE	ROJECT (Cities, Counties	, States, etc.):	lin Red 1	Bluff, CA.
Tehama Co				
	70009	A DICTRICTS OF		and the second s
B. PROPOSED PROJECT	14. CONGRESSIONAL	E DISTRICTS OF		
tart Date Ending Date	a. Applicant		b. Project	<u> </u>
Tine OH Spot. OH				ON SUBJECT TO REVIEW BY STATE EXECUTIVE
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, TOTAL	\$ 820	OOO	1	J. G.
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ATTACHED ASSURANCES	IF THE ASSISTANCE IS	b. Title	1 12 4	Telephone Number
Type Name of Authorized F	Representative ESTEKET	Head of	School/Prince	0al 530-200-4622 or 529-16
Signature of Authorized Re	presentative	一	W. F	e. Date Signed 7-19-04
1. Signature of Authorized to	mestebes	The second secon	<u> </u>	Standard Form 424 (Rev. 7-97)
Previous Edition Usable		- [2].	Management of the Control of the Con	Prescribed by OMB Circular A-102
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FEDERAL ASSISTANC	E	2. DATE SUBMITTED 07/22/2004		Applicant Ide	ontifler
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	8TATE	State Applic	ation Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal iden	nifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATIO					
Legal Name:			Organizational Unit: Department:		
Christian Church Homes of No	orthern California		Development		nanadana baruki tare dare dan kebapi taka daba Admit 4994 yang kanas
Organizational DUNS: 078292945			Division:		
Address:		E W E To			person to be contacted on matte
Street:		<u> </u>	Involving this applic	First Name:	rea code)
303 Hegenberger Road, Suite City:	201		Mr.	William	(*1)))
Oskland	JUI	16 2004	Middle Name Frederick		•
County: Alameda	\$10.00 km. 0	Jestani un	Lest Name Pickel		
State: CA	Zip Code		Suffix:		to a war with a control of the contr
 	94621-1419		Email:	****	
Country:	Ed (1) Less halle		bpickel@cchnc.org		
B. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (givs a	ree code)	Fax Number (give area code)
94-607740	7]		(510) 632-6714 ext. 1	21	(510) 632-6704
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See be	ck of form for Application Types)
V No		n Revision	N		
f Revision, enter appropriate le See back of form for description	n of letters.)		Other (specify)		
Other (specify)		Ш	9. NAME OF FEDERA U.S. Department of H		han Development
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI		<u> </u>
TITLE (Name of Program):	•	1]4-(1)5)7 , States, etc.):	Jarvis Gardens Rental Housing for Ve	ry Low-Incom	e Elderly
The City of Chico, Butte County 13. PROPOSED PROJECT	y, California		AA CONOGERRIONA	LDICTRICTO	· AF
Start Date:	Ending Date:		14. CONGRESSIONA a. Applicant	LDISTRICTS	b. Project
March 2006	november	2006	CA 9th		CA 2nd
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROCI		REVIEW BY STATE EXECUTIVE
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s. State		·-	DATE:		
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Authorized Representative		TANVEV.	Middle I	Name	
refix (r.	First Name Donald] H.		
sst Name IcCreary			Suffix		
Title resident/CEO					(give area code)
Signature of Authorized Repre	sentative (1 -1 ()	e. Date	32-8712 Signad	
difficulties of Whindstee Medie		m/ 6-	7/22/20		

FEDERAL ASSISTANCI	E	2. DATE SUBMITTED		Applicant Ide	Version version
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Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Iden	tifier
Non-Construction	Non-Construction				·
APPLICANT INFORMATION egal Name:			Organizational Unit		
orthern Valley Catholic Social	Service Inc		Department:	· · · · · · · · · · · · · · · · · · ·	
rganizational DUNS:			Housing Division:		The second secon
46491340 ddress:	R G G		Private, Non-Profit		
treet:	the second		Name and telephon involving this application	e number of p	erson to be contacted on mate
020 Market Street			Prefix:	First Name:	eu couc _j
ty: edding	JUL 1	y 234	Mrs. Middle Name	Bobbi	
ounty: nasta			Last Name Sawtelle		
ate:	Zip Code	1 100	Sawtelle Suffix:		
alifornia	96001	The state of the s			
ountry: nited States of America			Email: bobbisnvcss@snowo	rest.net	
EMPLOYER IDENTIFICATIO	• •		Phone Number (give a		Fax Number (give area code)
20-0984601			(530) 247-3316		(530) 247-3354
TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See bac	k of form for Application Types)
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e back of form for description	of letters.)		Other (specify)		
ner (specify)		_	9. NAME OF FEDERA U.S. Department of H	L AGENCY:	an Development
CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE TI		
LE (Name of Program): ction 202 Supportive Housing AREAS AFFECTED BY PRO	for the Elderly DJECT (Cities, Counties,	14-157 States, etc.):	The project will provide independent living situ	le housing for t ations.	he elderly who can live in
ico, Butte County, California					
PROPOSED PROJECT	Ending Date:		14. CONGRESSIONA	L DISTRICTS (
rch, 2006	November, 2006		 a. Applicant California 2nd 		b. Project California 2nd
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FAX:510-632-6704

PAGE 2

FEDERAL ASSISTANC		2. DATE SUBMITTED 07/22/2004		Applicant Identifier		
Application	Pre-application	3. DATE RECEIVED	Y STATE	State Application Identifier		
Construction	Construction	4. DATE RECEIVED S	Y FEDERAL AGENCY			
Non-Construction	177		FEDERAL AGENCY	Federal Identifier		
. APPLICANT INFORMATION	A LES HALL-COMPUTERON					
•			Organizational Unit:			
hristian Church Hornes of Normanizational DUNS:	nhern California	a n w G I	Department: Development			
78292945	IT E IG T	3 U V B	Division:			
ddress: ireet:			Name and talanhous			
		1000	Name and telephone number of person to be contacted on m involving this application (give area code)			
03 Hegenberger Road, Suite 2	01	1 9 2004	Prefix:	First Name; Wilkem		
iy: ekland	Lite		Middle Name Frederick	Transfer of the second		
ounty: emoda		1711	Last Name			
10:	Zip Code					
unity:	94621-1419	COLD ST. ST. ST.	Suffix:			
-	Lagrange and a		Email: bpickel@cchnc.om	*		
EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give area	code) Fax Number (give eres code		
04-6077407			(510) 632-6714 ext. 121	/Ba a.aa 00044		
TYPE OF APPLICATION:				T: (See back of form for Application Typ		
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e back of form for description	of latters.)	_	Other (specify)			
ner (specify)			L			
			9. NAME OF FEDERAL	AGENCY:		
CATALOG OF FEDERAL DE	MESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TITLE	eing and Urban Development FOR APPLICANT'S PROJECT:		
		14-157	Jarvis Gardena			
LE (Neme of Program):		C 1CTC(1(2)[1])	Rental Housing for Very	Low-Income Elderly		
AREAS AFFECTED BY PRO	JECT (Cities, Counties	ilates atr 1				
Chy of Chica, Butte County, (California	TEXTO, DIG.J.				
PROPOSEO PROJECT			44 CONODERAIDA			
Date: arch 2006	Ending Date:		14. CONGRESSIONAL D	b. Project		
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MEU ASSURANCER IF THE	ASSISTANCE IS AWAR	YEKNING BODY OF TH RDED.	E APPLICANT AND THE	ON ARE TRUE AND CORRECT. THE APPLICANT WILL COMPLY WITH THE		
norized Representative		VEV.				
	et Name naid	-	Middle Name	9		
lama Riy			Suffix	241		
				Number (give area code)		
	_		ii. ≀eisphone	NUMBER (give area porte)		
lent/CEO sture of Authorized Represent	ative Dan N		(610) 632-8; e. Dete Signi	712		

FEDERAL ASSISTANCE		1		Applicant Identifier				
		JULY 12, 20	JULY 12, 2004					
1. TYPE OF SUBMISSION: Application			3. DATE RECEIVED BY STATE					
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENO	Y Federal Identifier				
5. APPLICANT INFORMATION								
Legal Name:			Organizational Unit					
Allen Community	Development	Corporation						
Address (give city, county, State	e, and zip code): 916 L	aguna Stree	Name and telephor	ne number of person to be contact	ed on matters involving			
San Francisco,	California 94	115	this application (give	e area code)				
San Francisco C	County	113	Edgar Boyd (415) 921-4935					
6. EMPLOYER IDENTIFICATION	-	~~~~						
			7. TYPE OF APPLICANT: (enter appropriate letter in box)					
9 4 -3 2 1 1	1 2 4 DUNS #:	13-545-2543	A. State H. Independent School Dist.					
8. TYPE OF APPLICATION:			B. County I. State Controlled Institution of Higher Learning					
X Ne	w ☐ Continuation	Revision	C. Municipal J. Private University					
LA Net	w [] Continuation	[] Kealzion	D. Township K. Indian Tribe					
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	E. Interstate L. Individual				
	L)		F. Intermunicipal					
A. Increase Award B. Dec D. Decrease Duration Other	crease Award C. Increase	Duration	G. Special District	N. Other (Specify) Non-P Development Co	rofit rporation			
	op 66.1,7,1.		9. NAME OF FEDE					
		The state of the s	DHHS - ACF/OCS					
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
	Γ	9 3 - 5 7 0	Fillmore Renaissance Mixed-Use Proje					
				Accommercial real estate project in				
CSBG TITLE:COMMUNITY	ECONOMIC DEVELO	PMENT PROGRAM	1	l district as pa				
12. AREAS AFFECTED BY PRO			3	_	it of a			
San Francisco, San Francisco County,			mixed-use		nal Dradath			
California	T		Priority	Area 1 (Operatio	nar Project)			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF: Nanc	y Pelosi					
Start Date Ending Date 11/1/04 9/30/08	a. Applicant CA 8TH	-	b. Project	Ta Omir				
15. ESTIMATED FUNDING:	CA OTH			CA 8TH N SUBJECT TO REVIEW BY STA	TE EVECUTIVE			
TO. LOTHINATED TONDING.			ORDER 12372 P		THE EXECUTIVE			
a. Federal OCS	\$ 700,000) [∞]						
b. Applicant FDA	\$ 1 192 000	Battleman Manager 12		APPLICATION/APPLICATION W				
IDA	1,183,089	PULCEM	******* B B	E TO THE STATE EXECUTIVE O	IRDER 12372			
Developer c. State	\$	00	PROCES	S FOR REVIEW ON:	• •			
		1111 1 9	2004 DATE	7/10/04				
d. Local SFRA	\$ 1,820,900							
e. Other NEBF	\$ 5.054.260	STATE CLEARIN	B. No. LIPROGR BHOUSE OR PRO	AM IS NOT COVERED BY E. O. 1 GRAM HAS NOT BEEN SELECT MIEW	12372 ED BY STATE			
Const. Loan	5,054,260	Management of the order	FOR RE	VIEW				
f. Program Income	\$.00	47 10 TUE 1001 104	NT DELINOUENE ON ANY ESSE				
g. TOTAL	\$ 8.758.249		17. IS THE APPLICA	NT DELINQUENT ON ANY FEDE	:RAL DEBT?			
				attach an explanation.	⊠ķ N∘			
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOV	ERNING BODY OF THE						
ATTACHED ASSURANCES IF T		·····		a Tolophore Number				
a. Type Name of Authorized Representative Rev. Edgar E. Boyd Executive D			Director	c. Telephone Number (415) 921-4935				
d. Signature of Authorized Repres	entative			e. Date Signed				
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Authorized for Local Reproduction				Standard Form 424 (F Prescribed by OMB Ci				

			Form 424		OMB Approval No. 03	348-0043	
Application for		2. Date Sub		3. Applica	3. Applicant Identifier		
ederal Assistance		1-Jul-04					
		eived State	State Application Identifier				
Application	Preaplication						
x Constuction	Construction	4. Date received by Federal		Federal	Identifier		
x Non-Constuction	Non-Construction	Agency:					
Applicant Information							
	Peninsula Corrido	or Joint Po					
Address (give city, county, state					act person <i>(give area cod</i>	le)	
1250 San Carlos A			Joel Slavit, (650) 508-6476				
San Carlos, San M	ateo County, CA 9	4070					
6. Employer Identification Number	per (EIN):		7. Type of Applicant	(enter ap	opropriate letter in box)	G	
9 4 3152903							
8. Type of Application			A. State H. Independent S		H. Independent School [Ost.	
			B. County		I. State Controlled Institu	ıtion	
x new continuation		Revision	C. Municipal of higher learning.				
If revision, enter appropriate let	ter(<u>s)</u>		D. Township	i a constant of the constant o			
in boxes:			E. Interstate		K. Indian Tribe	Strong and service	
A. Increased Award B. Decrea	sed Award		F. Intermural		L. Profit Insitution	Com I I From	
C. Increase Award D. Decreas	se Duration		G. Special District		M. Other: MPO	VLIVE	
Other (specify):					J1	CEIVEI UL 19 2004	
						<u> </u>	
10. Catalog of federal domestic			9. Name of federal Agency: Federal Transit Administration ATE COLOR				
assistance number:	20507					LEAHING HOU	
Section 5307 Progr	ram		11. Descriptive title of a			a HOU	
12. Areas affected by project:	ad Camta Clava Ca		1	_	pital Improvements - ital Enhancements		
San Francisco, San Mateo ar	iu Santa Ciara Co	unues	1	-	Enhancements		
13. Proposed Project			4	-	ack Rehabilitation		
Start Date:	End Date:				rminal Track Upgrades		
3/1/2000	3/31/2009		Parking Lot Improvements New Parking				
3/ 1/2000	3/3/1/2003		Diridon Station Platform & Track Work				
			Rapid Rail Improvements				
15. Estimated Funding	<u> </u>		Caltrain Train Tracking Info System				
a. Federal	\$28,493,184	14. Congres	ssional Districts of:				
	,,	a. Applicar		B. Proje	act		
b. Applicant		-1		1	8, 12, 13, 14, 15 & 16		
c. State d. Local	\$4,961,086		14, 15 & 16	The Principle of the Pr	0, 12, 13, 14, 13 & 10		
f. Program Income	\$4,301,000		cation subject to review	by state e	executive 12372 process?	Yes	
e. Other			preaplication/application				
g. TOTAL	\$33,454,270	state exec	cutive order 12372 proce	ess review	v on		
17. Is the applicant delinquent Date:			_7/15/2004				
on any federal debt?			Program is not covered by E.). 12372				
Yes.(attach an explanation) or			or program has notbeen selected by state for review				
x No.					And the second s		
18. To the best of my knowled							
The document has been duly a	-	_	dy of the applicant and	d the app	olicant will comply		
with the attached assurances if		rded.	I. —	· · · · · · · · · · · · · · · · · · ·			
a. Typed Name of Authorized Representative			b. Title		c. Telephone Number:		
Michael J. Scanlon			Executive Director		(650) 508-6221		
d. Signature of Authorized repr			e. Date Signed				

_		2. DATE SUBMITTED JULY 19, 2004	2. DATE SUBMITTED		Applicant Identifier Version 7		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier			
Application	Pre-application				cation identifier		
Construction	Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Ide	ntifier		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizational Uni	4.			
1010 DEVELOPMENT CORP	ORATION		Department:	τ.			
Organizational DUNS:	* * * * * * * * * * * * * * * * * * *		N/A Division:				
Address: 15			NA				
Street:	一方是像	15 11 V 15 11	Name and telephone number of person to be contacted on matter involving this application (give area code)				
1001 SOUTH HOPE STREET	, FIRST FLOOR		Prefix:	First Name:	rea code)		
City: LOS ANGELES			MS. Middle Name	KELLE			
County:	— <u> </u>	1 9 2004	M.				
LOS ÁNGELES			Last Name ROSE				
State: CA	Zip Code 90015-1407	A AND THE REST OF THE PARTY OF	Suffix:	-			
Country: USA	1374120		Email:				
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIA))		KELLE1001@AOL.C	СОМ			
			Phone Number (give	area code)	Fax Number (give area code)		
95-4345495 8. TYPE OF APPLICATION:			213-749-0214 x27		213-749-3098		
V Ne	True .		7. TYPE OF APPLIC	ANT: (See ba	ck of form for Application Types)		
Revision enter appropriate lot	tor(a) in have a	Revision	O: NOT FOR PROFI				
See back of form for description	of letters.)	П	Other (specify)				
Other (specify)	U .						
		•	9. NAME OF FEDER DHHS, ACF, OFFICE	AL AGENCY; E OF COMMUN	IITY SERVICES		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPL	ICANT'S PROJECT:		
	• • •	9 3-5 7 0	PLANNING PHASE	OR ECONOM	IC DEVELOPMENT PROJECT		
FITLE (Name of Program): CSBGCOMMUNITY ECONON	MC DEVELOPMENT DU				The same of the sa		
2. AREAS AFFECTED BY PR	OJECT (Cities, Counties	States etc.):	-				
CITY OF LOS ANGELES, CALI	FORNIA	3.0.00 , 010.).					
3. PROPOSED PROJECT			44 001000000				
Start Date: OCTOBER 20, 2004	Ending Date:		14. CONGRESSIONA a. Applicant	L DISTRICTS	OF: b. Project		
5. ESTIMATED FUNDING:	OCTOBER 19, 2005		CA-34		CA-34		
			16. IS APPLICATION ORDER 12372 PROCI	SUBJECT TO	REVIEW BY STATE EXECUTIVE		
. Federal \$		75,000	THIS PRE	APPLICATION	I/APPLICATION WAS MADE		
. Applicant \$		70,000	AVAILABL	LE TO THE STA S FOR REVIEV	ATE EXECUTIVE ORDER 19979		
. State \$		- 00					
			DATE:	7-19-6	74		
Local \$.00	b. No. [PROGRAM	M IS NOT COV	ERED BY E. O. 12372		
Other \$					T BEEN SELECTED BY STATE		
Program Income \$		OU -	FOR REVI	FW			
		•	17. IS THE APPLICAN	IT DELINQUE	NT ON ANY FEDERAL DEBT?		
β		75,000	☐ Yes If "Yes" attach	an eynlanatio-	. Ø No		
B. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A	VLEDGE AND BELIEF, A	IL DATA IN THE					
TACHED ASSURANCES IF T	NUTHORIZED BY THE GO HE ASSISTANCE IS AMO	OVERNING BODY OF T	HE APPLICANT AND T	HE APPLICAL	NT WILL COMPLY WITH THE		
Authorized Representative		TILU.					
effix	First Name DARELL		Middle N	lame			
st Name EIST			T.				
Title							
RESIDENIT/CEO			c. Telept	none Number (give area code)		
		/	213_740	LD214 v14 "]		
Signature of Authorized Repres	ontative Cust		213-749 e. Dale S	1-0214 x11			

Prescribed by OMB Circular A-102

7.1 Fig. 07 Subbins in Pro-application Pro	APPLICATION FOR FEDERAL ASSISTANCE	: a	2. DATE SUBMITTED)	Applicant Id	Version 7/0	
Application Pre-application Construction Cons		'h	07/16/2004				
Non-Constitution Dispersion	1	Pre-application			otate Applic	ation identifier	
### APPLICANT INFORMATION Capil Name Department Dep			4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Ide	ntifier	
Legal Name: Organizational DIME Decorrow: Economic Development Division: Decorrow: Economic Development Development Division: Development	Non-Construction	Non-Construction					
Commission District Distric					ť		
Address: Street: St	Broad Spectrum Community D	Development Corporation			c Development	<u> </u>	
Address:	Organizational DUNS: 00-402-24	RA		Division:			
SCON LE Bros Avenus #219 Fight: First Name: Dominicus Fight First	Address:	MEDE		Name and telephor	e number of p	person to be confected on matters	
Mode Name Leat Name Le	Street:		<u>U V G</u>			rea code)	
County C			And the second s	Mr			
Los Angelos CAN System CAN S		JUL 1		L			
COUNTY State Continued States Continued States	Los Angeles		k-oranizar*	Last Name Cook			
Email: Counting Strates Email: Email: Counting Strates C	State: CA	Zip Code	3.5.4.602. 4.1.603.	Suffix:		//, I	
8. EMPLOYER IDENTIFICATION NUMBER (EIN): S S E T S E E E	Country:						
SID_APICATION: 310 893 8505 310 893 8506 31		ÓN NUMBER (EIN):	The second of the second secon		eres code)	Fax Number (give area code)	
8. TYPE OF APPLICATION: 17. New To continuation Revision of Interest propriate letter(s) in box(ss) (See back of form for description of letters.) 18. Chief (specify) 19. Name of Federal Agency: 19. Name of Federal Agency: 19. Name of Program): 19. Castalog of Federal Domestic Assistance number: 20. No. III Program Income 21. In It is		• • • • • •		1		, ,	
New Continuation Revision Revision O. Non Profit				7. TYPE OF APPLIC	ANT: (See ba	ick of form for Application Types)	
Other (apecify) Other (apecify) Other (apecify) In Name of FEDERAL AGENCY: DH-1870CS Other (apecify) In Discreption of letters, Other (apecify) In Discreption of letters, Other (apecify) In Discreption of letters, In Discreption of Program) CSBG DISCRETIONARY In Discreption of Program of	₽ Ne	w	n F Revision			., ,, ,,	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Signature	it Revision, enter appropriate le (See back of form for descriptio	itter(s) in box(es) in of letters.)	. [
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Signature	Other (seedifu)			A MAINT OF FEDE	AL ADMINOU		
Economic Development Planning Grant ITILE (Name of Program): CSBG DISCRETIONARY 12. AREAS AFFECTED BY PROJECT (Cities, Countiles, States, etc.): Los Angeles 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: STAT Date: 09/30/2004 15. ESTIMATED FUNDING: 16. ESTIMATED FUNDING: 17. IS THE SPELICATION WAS MADE 18. IS APPLICATION WAS MADE 19. Applicant 19. Applicant 19. PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON DATE: 19. No. PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON DATE: 19. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 19. Authorized Representative 19. To The Assistance is The Assistance is Awarded. Suffix Last Name Cook Triefon Population Suffix C. Telephone Number (give area code) 310 693-5505 ext 103 19. Date Signed	Oliter (apacity)			DHHS700	Kal agency: S		
TITLE (Name of Program) CSBG DISCRETIONARY 13. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: 8. Applicant O9/30/2004 O9/30/2005 15. ESTIMATED FUNDING: 16. ESTIMATED FUNDING: 17. SAPPLICATION BUBLICT TO REVIEW BY STATE EXECUTIVE ORDER 12372 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 DATE: 17. OR PROGRAM IS NOT COVERED BY E. O. 12372 18. TOTAL 19. OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICATION ARY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION PREAPPLICATION FREE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 19. Authorized Representative Cook 10. Title of Authorized Representative 11. Signature of Authorized Representative 12. Signature of Authorized Representative 13. Deste Signed 14. CONGRESSIONAL DISTRICTS OF: 15. Project 16. Project 16. Project 17. Signature of Authorized Representative 18. Application of Project 19. Project	10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	1			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, Status, etc.): Los Angeles 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date: 98/30/2004 15. Earlimated Funding: 16. Earlimated Funding: 17. Is Applicant 18. Federal 19. Project			93-570	Economic Developm	rent Planning	Grant	
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date: 09/30/2004 16. ESTIMATED FUNDING: a. Federal b. Applicant c. Start c. Start c. Start c. Federal d. Applicant c. Start d. Applicant d. His PREAPPLICATION/APPLICATION/APPLICATION/AS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: d. DATE: d. PROGRAM IS NOT COVERED BY E. O. 12372 d. No. □ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Tyes If Yes' attach an explanation. D. No. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT DELINQUENT ON ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Authorized Representative DIRECTOR PRoject Suffix c. Telephone Number (give area code) 310 693-6505 ext 103 s. Date Signed	TITLE (Name of Program): CSBG DISCRETIONARY						
13. PROPOSED PROJECT Start Date: 09/30/2004 09/30/2005 15. EartimArted Funding Date: 09/30/2006 16. EartimArted Funding Date: 09/30/2006 17. SAPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Applicant b. Applicant c. State c. Stat		ROJECT (Cities, Counties	, States, etc.):				
Stant Date: 09/30/2004 18. ESTIMATED FUNDING: 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 19. Applicant	Los Angeles						
18. IS APPLICATION 9 UBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ANY FEDERAL DEBT? TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ASSISTANCE IS AWARDED. J. Authorized Redressentative First Name Cook J. Total J. Suffix J. Total J. Suffix J. Total J. Suffix J. Suffix J. Total J. Suffix J. Date Signature J. Suffix J. Total J. Suffix J. Total J. Suffix J. Total J. Suffix J. Suffix J. Total J. Suffix J.					AL DISTRICTS		
18. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program income f. Progra					+ 35	p. Project	
a. Yes. ITHIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL To the billst of My knowledge and belief, all data in this application/preapplication are true and correct. The DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Yes. IT THE PREAPPLICATION/APPLICATION AND THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: DR PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEST? TYPES IT "YES" attach an explanation. If yes it "Yes" attach an explanation	15. ESTIMATED FUNDING:	***		16. IS APPLICATIO	N SUBJECT TO	O REVIEW BY STATE EXECUTIVE	
b. Applicant c. State d. Local d. Local e. Other f. Program Income f. Program Income f. To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT MILL COMPLY WITH THE ALL CO	a. Federal		00	TIME DO		N/APPLICATION WAS MADE	
DATE: DATE: DATE: DATE: D. No. PROGRAM IS NOT COVERED BY E. O. 12372 D. No. PROGRAM IS NOT DELINQUENT ON ANY FEDERAL DEBT? OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? OCCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DITTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Authorized Representative Diregion/President Diregion/President Cook C. Telephone Number (give size code) 310 893-6505 ext 103 Sugrature of Authorized Representative Date Signed	b Applicant			AVAILAI			
d. Local e. Other f. Program income f. Program i		,	-		JO FOR REVIE	.vv Old	
b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other f. Program Income f. Representative f. Program Income f. Program I				DATE:			
## OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW ## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ## 17. IS THE APPLICANT ON ANY FEDERAL DEBT? ## 17. IS THE APPLICANT ON ANY FEDERAL DEBT? ## 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. ## 2. Authorized Representative ## Middle Name Cook ## 2. Telephone Number (give area code) ## 310 693-6505 ext 103	d. Local		, 44	b. No. IT PROGR	AM IS NOT CO	VERED BY E. O. 12372	
TOTAL TO	e. Other \$		10			OT BEEN SELECTED BY STATE	
75,000 Yes if "Yes" attach an explanation. 75,000 Yes if "Yes" attach an explanation. 76,000 Yes if "Yes" attach an explanation. 77,000 Yes if "Yes" attach an explanation. 78,000 Yes if "Yes" at	f. Program Income \$. DB			ENT ON ANY FEDERAL DEBT?	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Authorized Representative Prefix First Name Donnicus First Name Donnicus C. Telephone Number (give area code) 310 693-6505 ext 103 I. Signature of Authorized Representative B. Date Signed	g. TOTAL S					17 1	
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Authorized Representative First Name Donnicus First Name Cook Suffix C. Telephone Number (give area code) 310 693-6505 ext 103 1. Signature of Authorized Representative 8. Date Signed	18 TO THE MEST OF MY KNO	OWI EDGE AND BELLEE			•		
Prefix First Name Middle Name Last Name Last Name Suffix Cook Coo	DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AND	THE APPLIC	ANT WILL COMPLY WITH THE	
Last Name Cook Cook C. Telephone Number (give area code) 310 693-6505 ext 103 I. Signature of Authorities Representative e. Date Signed		Eirst Name		Middle	Name		
c. Telephone Number (give area code) 310 693-6505 ext 103 I. Signature of Authorities Representative	Last Name	Connicus		S)Jfff&			
Director/President 310 693-6505 ext 103 I. Signature of Authorities Representative e. Date Signed	Cook		,		mhono klumba	C/sha successful	
	Director/President / //			310 8	310 693-6505 ext 103		
07/16/2004		### ### ### ### ### ##################	. 5 / ⁹	a. Dat 07/16	e Signed /2004		

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